

NORTH CAROLINA



ADULT DAY CARE AND DAY HEALTH SERVICES STANDARDS FOR CERTIFICATION

North Carolina
Department of Health and Human Services
Division of Aging
2101 Mail Service Center, Raleigh, NC 27699-2101
September 2003

ADULT DAY CARE SERVICES
AND
ADULT DAY HEALTH SERVICES
STANDARDS FOR CERTIFICATION

North Carolina Department of Health and Human Services
Division of Aging
2101 Mail Service Center
Raleigh, NC 27699-2101

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NC Division of Aging

STATEMENT OF RIGHTS OF ADULT DAY CARE PARTICIPANTS

The following is a statement of rights of persons enrolled in adult day care programs. Though the statement is not intended to be inclusive, it suggests an outline of the basic tenets that should be followed in providing day care services for adults.

The right to be treated as an adult, with respect and dignity.

The right to participate in a program of services and activities that promote positive attitudes on one's usefulness and capabilities.

The right to participate in a program of services designed to encourage learning, growth and awareness of constructive ways to develop one's interests and talents.

The right to be encouraged and supported in maintaining one's independence to the extent that conditions and circumstances permit, and to be involved in a program of services designed to promote personal independence.

The right to self-determination within the day care setting, including the opportunity to:

participate in developing one's plan for services;

decide whether or not to participate in any given activity;

be involved to the extent possible in program planning and operation.

The right to be cared about in an atmosphere of sincere interest and concern in which needed support and services are provided.

The right to privacy and confidentiality.

Prepared by:
The National Institute on Adult Day Care
a constituent unit of
The National Council on the Aging, Inc. 1984

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PREFACE

Day Care Services for Adults is the provision of an organized program of services during the day in a community group setting for the purpose of supporting adults' personal independence, and promoting their social, physical, and emotional well-being. Services must include a variety of program activities designed to meet the individual needs and interests of the participants, a nutritious meal and snacks as appropriate to the program, and referral to and assistance in using appropriate community resources. Medical examinations are required for individual participants for admission to a program and periodically thereafter. Services must be provided in a home or center certified to meet state standards for such programs.

The health care component of adult day health services distinguishes it from adult day care, which also provides a structured program of activities and services during the day for aging, disabled and handicapped adults. As part of the structured day program of activities and services, participants enrolled in adult day health also require daily nursing supervision. Participation in adult day health can enable such persons to achieve and maintain their optimum level of independence and can support family members and other caregivers who are providing full-time care to frail adults living at home.

It is possible for adult day care and adult day health to be provided within one program. This arrangement is referred to as a combination adult day care/day health program. In a combination program, persons are enrolled for the level of service needed, either adult day care or day health. Activities and services are provided in the same setting with the same staff. Adults who need care and assistance in a day program, but do not need nursing supervision, may be appropriate referrals for adult day care services.

Adults who need adult day care and adult day health services are aging, disabled and handicapped persons who have impairments which prohibit them from living independently without supportive services and which put them at risk of becoming institutionalized. Some of these adults have faced rather drastic crises in their lives which have led to or will lead to substantial deterioration of their physical, emotional, mental, social and economic well-being. For others, the changes have been slower and less visible. A final group of adults may not yet have experienced crises requiring immediate intervention; for these, the signs of distress and deterioration are developing. Preventive action is needed in these cases. Adult day care and adult day health are services that can respond to these needs.

It is the intent of the Division of Aging of the North Carolina Department of Health and Human Services to support the development and operation of adult day care services and adult day health in local communities for adults who need this type of supportive program in order to maintain their potential for independent living. These services are not intended nor appropriate to substitute for the services of skilled nursing care nor to duplicate the functions of an adult social club, sheltered workshop, or senior service center. Services are to be planned and implemented as an integral but distinct point in the continuum of supportive services that should be offered and provided in a coordinated effort within a community.

The standards which follow for adult day care and adult day health are not intended as standards for day hospitals, partial hospital programs, or other medically oriented day services. These standards support a program which is designed to reduce social isolation and loneliness, to provide opportunities for socialization, to stimulate interests in leisure activities, to enhance capacity to perform the activities of daily living, to provide instruction, consumer protection, to make referral to other services in the community as needed, and to improve health status by maintaining necessary liaisons with health providers.

Two primary purposes are to be served by these standards. First and foremost, they are the criteria for certification which must be met in order to comply with N.C.G.S. 131D-6. In addition, these standards are intended to provide guidance on how to develop and operate day care and day health programs which meet the needs of the aging and disabled in local communities. The goal of the standards is to establish policies and procedures which will contribute to good programs and improve services, and not merely to identify shortcomings.

The administrative rules applicable for adult day care and adult day health have been moved from 10 NCAC 42E and 10 NCAC 42Z to 10A NCAC 06R and 10A NCAC 06S respectively of the North Carolina Administrative Code. The citation "10A NCAC 06R" refers to Title 10A, Subchapter 06R of the Code and "10A NCAC 06S" refers to Title 10A, Subchapter 06S of the Code.

The language of the administrative rules of Subchapter 06R and 06S are identical to that of the Standards for Certification contained in this document which has been prepared for everyday use. The administrative rules of Subchapter 06R and 06S are referenced in these Standards. Any information contained in these Standards which is in italicized print is not contained in the administrative rules of Subchapter 06R or 06S, but should be considered extra guidance or clarification. In many instances the administrative rules of Subchapter 06R and 06S are identical and are so noted in the Standards. In other instances the administrative rules are not the same and the appropriate citation is referenced. To further assist those reading the standards with the differences, those rules applicable only to adult day care are highlighted with a double line around the section where feasible; those rules applicable only to adult day health or combination programs are highlighted with a single line around the section where feasible.

For purposes of developing individual service plans and designing program activities, staff should consider that:

The family continues to be a significant unit within our society whether as immediate family, extended family, or non-related but significant persons.

All persons in a family deserve to have their attitudes, contributions, concerns and potential respected and considered.

Participants and their families should be given the opportunity to find their own ways to resolve problems.

Each situation and person should be treated individually, recognizing and taking into consideration any unique factors.

Each person in a family should be allowed to engage in decision-making and caregiving to the extent that he can and desires.

Families have varying values, culture and lifestyles that should be taken into account during intervention, problem-solving and treatment.

Each participant has individual rights to choose not to engage his family in service planning and his needs should still be adequately addressed.

Adult day health programs and programs which provide adult day health in combination with adult day care must be certified as meeting these standards in order to be eligible to receive Medicaid funds (Title XIX of the Social Security Act). The certification process is described in Section VI of this manual. The county department of social services is the local agency which is responsible for providing assistance regarding program certification. Anyone interested in establishing a certified adult day care or day health program should contact the department of social services in the county where the program would be located. In addition, the Adult Day Care/Day Health Consultant in the Division of Aging in Raleigh (919-733-0440) is available to provide consultation and technical assistance.

Additional copies of this standards manual are available from the Division of Aging website <http://www.dhhs.state.nc.us/aging/adcsvc.htm> or by writing:

Division of Aging
2101 Mail Service Center
Raleigh, NC 27699-2101
(919) 733-0440

STANDARDS FOR ADULT DAY CARE AND ADULT DAY HEALTH PROGRAMS

Certification Requirement

(10A NCAC 06R .0101 and 06S .0101, previously 10 NCAC 42E .0704 and 42Z .0501)

This manual contains standards which have been developed for certification of adult day care programs. The standards relate to all aspects of operation of an adult day care and adult day health program including administration, facility, and program operation. Adult day care and adult day health programs, as stated in North Carolina General Statute 131D-6, must be certified as meeting these standards. Programs exempted from certification requirements by General Statute 131D-6 must meet these standards for certification only if receiving funds administered by the Division of Aging. Certification is the responsibility of the county department of social services (and health department, for Adult Day Health) and the Department of Health and Human Services, Division of Aging.

Any program making application for certification or making timely and sufficient application for renewal of certification must be in compliance with all standards for certification. If all standards are not being met, certification will be denied or limited as appropriate. Certification of any program in willful violation of standards as defined in this manual, VI. Certification, D.2., page 36 will be revoked. Procedures in G.S. 150B-3 will be followed.

DEFINITION OF ADULT DAY CARE (G.S. 131D-6)

Adult day care means the provision of group care and supervision in a place other than their usual place of abode on a less than 24-hour basis to adults who may be physically or mentally disabled. The following programs are exempted from the provisions of G.S. 131D-6:

- those that care for three people or less;
- those that care for two or more persons, all of whom are related by blood or marriage to the operator of the facility;
- those that are required by other statutes to be licensed by the Department of Health and Human Services.

DEFINITION OF ADULT DAY HEALTH SERVICES

(10A NCAC 06S .0102, previously 10 NCAC 42Z .0502)

Adult day health services is the provision of an organized program of services during the day in a community group setting for the purpose of supporting an adult's personal independence, and promoting his social, physical, and emotional well-being. Services must include health care services as defined in these standards and a variety of program activities designed to meet the individual needs and interests of the participants, and referral to and assistance in using appropriate community resources. Also included are food and food services to provide a nutritional meal and snacks as appropriate to the program. Transportation to and from the service facility is an optional service that may be provided by the day health program.

A community group setting is:

1. a day health center, which is a program operated in a structure other than a single family dwelling; or
2. a day health home, which is a program operated in a single family dwelling limited to two to five adults; or
3. a day health program in a multi-use facility, which is a day health center established in a building which is used at the same time for other activities; or
4. a combination program, which is a program offering both adult day care and adult day health services.

I. Administration

- A. Governing Body (10A NCAC 06R .0301 and 06S .0201, previously 10 NCAC 42E .0901 and 42Z .0601)
 1. Responsibility for sound management rests with the governing body of the day care or day health program. In a private for profit program, responsibility for management rests with the owner or board of directors; in a private, non-profit program, with the board of directors; in a public agency, with the board of that agency.
 2. The governing body of a day care or day health center shall establish and maintain sound management procedures, including:
 - a. approval of organizational structure;
 - b. adoption of an annual budget;
 - c. regular review of financial status, making sure that the program is under sound fiscal management; this includes an annual budget, monthly accounts of income and expenditures to reflect against the projected budget, and an annual audit;
 - d. appointment of the program director who may delegate responsibility for conduct of specific programmatic and administrative activities in accordance with policies adopted by the governing body;
 - e. establishment of written policies regarding operation, including:
 - (1) Program Policy Statement outlining program goals; enrollment criteria and procedures; hours of operation; types of services provided, including transportation if offered; rates and payments; medications; and any other information considered appropriate to include in this document; the

policy statement must be designed so copies can be given to interested parties who request information about the day care or day health program.

- (2) Personnel policies.
 - (3) Any other policies deemed necessary, such as agreements with other agencies and organizations.
 - (4) All policies affecting clients shall be written in the most direct and understandable language.
3. The operator of a day care or day health home shall establish and maintain sound operating procedures, including the following:
- a. develop an annual budget;
 - b. maintain monthly accounts of income and expenditures;
 - c. establish written policies regarding operation, including:
 - (1) Program Policy Statement outlining program goals; enrollment criteria and procedures; hours of operation; types of services provided, including transportation, if offered; rates and payments; medications; and any other information considered appropriate to include in this document; the policy statement must be designed so copies can be given to interested parties who request information about the day care or day health program;
 - (2) Personnel policies;
 - (3) Any other policies deemed necessary, such as agreements with other agencies and organizations;
 - (4) All policies affecting clients shall be written in the most direct and understandable language.

B. Program Policy Statement

The day care and day health program Policy Statement shall be posted in the facility during hours of operation and copies shall be available upon request. [10A NCAC 06R .0507 and 06S .0401, previously 10 NCAC 42E .1107 and 42Z .0801]

The following items must be addressed in the Program Policy Statement:

- 1. Program goals [10A NCAC 06R .0302 and 06S .0202, previously 10 NCAC 42E .0902 and 42Z .0602]

The program shall have stated goals to guide the character of the services given. These goals shall be in writing and consistent with the definition of adult day care and day health services.

2. Enrollment Policies and Procedures [10A NCAC 06R .0501 and 06S .0401, previously 10 NCAC 42E .1101 and 42Z .0801]
 - a. Each program shall have enrollment policies. Enrollment policies shall be in writing as a part of the Program Policy Statement, shall define who can be served, and shall be flexible.
 - b. These policies serve as the basis for determining who can be accepted into the program and for planning activities appropriate for the participants. The policies should be specific so as to guard against enrolling people whose needs cannot realistically be met by the planned activities and should provide for dismissal of participants whose needs can no longer be met or who can no longer be cared for safely. If a day care or day health program serves semi-ambulatory or non-ambulatory persons, it shall be so stated in the admissions criteria.
3. Hours and days of operation (10A NCAC 06R .0506 and 06S .0401, previously 10 NCAC 42E .1106 and 10 NCAC 42Z .0801)
 - a. The hours and days of operation shall be set to meet the needs of the participants and their families.
 - b. Care and services shall be provided throughout all hours participants are present at the program.
 - c. The program must operate for a minimum of six (6) hours each day.
 - d. Day care and day health programs shall provide care and activities at least five (5) days per week, except that a facility may be closed for designated holidays, for hazardous weather conditions, for vacations, and for other reasons as agreed upon by the director and the county department of social services. Late openings or early closures may be scheduled on days when hazardous weather conditions exist or when emergency situations arise.
 - e. Attendance schedules for individual participants should be designed to accommodate the work schedules of participants' caretakers.

4. *Types of services provided, including transportation, if offered (Pages 20-29, Section IV)*

In addition to the basic services provided as a part of the program, specialized services such as speech therapy, physical therapy, counseling, etc. may be provided as needed by individual participants. These services may be provided by program staff, if qualified, or arranged for through the program if available through community resources.

5. Medications [10A NCAC 06R .0505(e) and 06S .0401, previously 10 NCAC 42E .1105(e) and 42Z .0801]

The Program Policy Statement shall include the policy on medications, specifying that participants who are able to keep their medicines shall keep them safely and that the program will keep medicines of participants who are unable to be responsible for their own.

ADULT DAY HEALTH ONLY

6. Additional Enrollment and Participation Requirements for Adult Day Health Programs [10A NCAC 06S .0402, previously 10 NCAC 42Z .0802]
 - a. Adult day health programs may serve persons 18 years of age or older who need day health services in order to support their independence and who require one or more of the following during the hours of the day health program:
 - (1) Monitoring of a medical condition;
 - (2) Provision of assistance with or supervision of activities of daily living;
 - (3) Administration of medication, special feedings or provision of other treatment or services related to health care needs.
 - b. Day health programs shall not enroll or continue to serve persons whose needs exceed the capability of the program.
 - c. Each individual's service plan, in addition to the requirements related to program activities shall include the health needs and the goals for meeting the health needs of the individual.
 - d. A minimum of 25 percent of the participants in daily attendance in a combination program must be enrolled for adult day care services. Enrollment criteria for adult day care participants must be consistent with the following target populations:
 - (1) Adults who do not need nursing supervision but who require complete, full-time daytime supervision in order to live in their own home or the home of a relative; or

ADULT DAY HEALTH ONLY

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| <ul style="list-style-type: none">(2) Adults who need help with activities of daily living in order to maintain themselves in their own homes; or(3) Adults who need intervention in the form of enrichment and opportunities for social activities in order to prevent deterioration that would lead to placement in group care; or(4) Individuals enrolled in an adult day care program who need time-limited support in making the transition from independent living to group care, or individuals who need time-limited support in making the transition from group care to independent living. |
|--|

C. Personnel Policies [10A NCAC 06R .0305(b) and 06S .0201, previously 10 NCAC 42E .0905(b) and 42Z .0601]

1. Personnel policies and their content are the responsibility of each adult day care and day health center. Each center is required to state its policies in writing. A copy of this statement of personnel practice shall be given to each employee and shall state the center's policy on the following:
 - a. annual leave,
 - b. educational opportunities,
 - c. pay practices,
 - d. employee benefits,
 - e. grievance procedures,
 - f. performance and evaluation procedures,
 - g. criteria for advancement,
 - h. termination procedures,
 - i. hiring and firing responsibility,
 - j. use of any probationary period,
 - k. staff participation in reviews of personnel practices,
 - l. maternity leave,
 - m. military leave,
 - n. civil leave (jury duty and court attendance).
2. All policies developed must conform to the Wage and Hour regulations.

D. Insurance [10A NCAC 06R .0304 and 06S .0201, previously 10 NCAC 42E .0904 and 42Z .0601]

The governing body shall provide for adequate liability insurance coverage for the facility and vehicles used by the program.

II. Personnel [10A NCAC 06R .0305(a) and 06S .0201, previously 10 NCAC 42E .0905(a) and 42Z .0601]

A. General Requirements (*applicable to staff in centers, and to homes with paid staff in addition to the operator*)

1. Staff positions shall be planned and filled according to the goals of the program and the manpower needed to develop and direct the activities which meet these goals.
2. All staff of the program shall be competent, ethical and qualified for the position held.
3. There shall be a written job description for each position, full-time or part-time. The job description shall specify:
 - a. qualifications of education, experience, and personal traits (including such characteristics as ability to relate to people, patience, positive mental attitude, ability to listen, sense of responsibility to the program, etc.);
 - b. to whom employee is responsible;
 - c. duties and responsibilities;
 - d. salary range;

[See Part C, for responsibilities and minimum qualifications on which the program director's job description should be based.]
4. References, including former employers, shall be required in recruitment of staff.
5. There shall be an established review process for each employee at least annually and following any probationary period.
6. Provision shall be made for orientation and staff development of new employees and volunteers and ongoing development and training of all staff.
7. At least one (1) substitute staff person shall be available to provide direct care in the absence of a regular staff person in order to maintain the required staff-participant ratio. Such substitute staff shall have the same qualifications, training, and personal credentials as a regular staff person giving direct care. Trained volunteers may be used instead of paid substitutes.
8. Each employee must present medical evidence that he is free from communicable disease or condition prior to beginning work and annually thereafter. When such evidence cannot be presented, employment may commence, continue, terminate, or be reassigned based on an assessment of

whether the employee's work tasks would pose a significant risk to the health of the employee, co-workers or the public, or whether the employee is unable to perform the normally assigned job duties.

- B. Staffing Pattern [10A NCAC 06R .0305(c) and 06S .0203, previously 10 NCAC 42E .0905(c) and 42Z .0603]

The staffing pattern shall be dependent upon the enrollment criteria and the particular needs of the participants who are to be served. The ratio of paid staff to participants shall be adequate to meet the goals and objectives of the program. Whenever paid staff are absent, substitutes must be used to maintain the staff-participant ratio and, for adult day health programs, to assure proper supervision of the delivery of the health care services. The minimum ratios shall be as follows:

Adult Day Care Homes

One paid staff person for up to six participants.

Adult Day Care Centers

One paid staff person for each eight participants.

Adult Day Health Centers and Adult Day Health Homes

One paid full-time equivalent staff person with responsibility for direct participant care for each five participants.

Adult Day Health Combination

One paid full-time equivalent staff person with responsibility for direct participant care for each six participants.

- C. Program Director [10A NCAC 06R .0305(d) and 06S .0204(a), previously 10 NCAC 42E .0905(d) and 42Z .0604(a)]

1. a. The adult day care center shall have a full-time program director.

ADULT DAY HEALTH ONLY

- b. Adult day health centers with a capacity of more than 10 participants must have a full-time program director. Adult day health centers with a capacity of ten or fewer participants must have a full-time program director or a program director who also serves as the health care coordinator, provided that the individual meets all the requirements in E. and the requirements in B. above related to program capacity are met.

2. The program director shall have the authority and responsibility for the management of activities and direction of staff to insure that activities and services are provided appropriately and in accordance with established policies.
3. The program director shall meet all of the minimum qualifications and personal traits stated below:
- a. shall be at least 18 years of age;

- b. shall have completed at least two years of formal post secondary education from an accredited institution of education (including colleges, universities, technical institutes, and accredited correspondence schools) or shall have a high school education and a minimum of five years (two years for adult day health) experience and training in services to elderly or handicapped adults;
 - c. shall have at least two years (one year for adult day health) of work experience in a human services area, and demonstrated ability in supervision and administration;
 - d. shall provide a written medical statement from a physician, nurse practitioner, or physician's assistant certifying good health, including freedom from communicable disease or condition prior to employment and annually thereafter. When such a certification cannot be made, employment may commence, continue, terminate, or be reassigned based on an assessment of whether the employee's work tasks would pose a significant risk to the health of the employee, co-workers or the public, or whether the employee is unable to perform the normally assigned job duties;
 - e. shall provide at least three current reference letters or the names of individuals with whom a reference interview can be conducted, including at least one former employer, if any. The individuals providing reference information must be knowledgeable of the applicant director's background and qualifications.
4. In employing a program director, the governing body, agency, or owner shall consider whether or not applicants exhibit the following characteristics:
- a. maturity - good judgment, emotional stability, ability to make decisions and set goals (adult day care only);
 - b. knowledge and understanding of the needs of the aging and disabled (adult day care only);
 - c. ability to design and implement a varied, structured program of group and individual activities;
 - d. managerial and administrative skills - ability to supervise staff and to plan and coordinate meaningful staff training.

ADULT DAY CARE HOMES ONLY

D. Day Care Homes: Only Staff Person Is Operator (10A NCAC 06R .0306, previously 10 NCAC 42E .0906)

- 1. The operator shall:

- a. Be competent, ethical and qualified to carry out the responsibilities of providing a day care program;
 - b. Have a minimum of a high school education or the equivalent;
 - c. Be at least 18 years of age;
 - d. Have at least two years of full-time work experience and demonstrated ability to manage all aspects of a day care program;
 - e. Provide a written medical statement from a physician, nurse practitioner, or physician's assistant certifying good health, including freedom from communicable disease or condition prior to employment and annually thereafter. When such a certification cannot be made, employment may commence, continue, terminate, or be reassigned based on an assessment of whether the employee's work tasks would pose a significant risk to the health of the employee, co-workers or the public, or whether the employee is unable to perform the normally assigned job duties;
 - f. Provide at least three current reference letters or the names of individuals with whom a reference interview can be conducted, including at least one former employer, if any. The individuals providing reference information must be knowledgeable of the applicant operator's background and qualifications.
2. There shall be a minimum of one staff person for two - six participants.
3. The day care home shall have substitute or relief staff to enable the day care home to remain open on days when the operator is not available to supervise the program.

ADULT DAY HEALTH ONLY E - G

E.

Health Care Coordinator of Adult Day Health Centers
[10A NCAC 06S .0204, previously 10 NCAC 42Z .0604(b)]

1. Adult day health centers must have a health care coordinator to Coordinate the delivery of health care services and participate in Direct care as specified in E.2. The health care coordinator shall be on-site a minimum of four hours per day and any additional hours necessary to meet requirements for the provision of health and personal care services as stated on page 24. The health care coordinator may assume responsibility for the program director position if qualified for that position and if requirements related to program capacity in B., page 8 are met.
2. The nursing responsibilities of the health care coordinator, consistent with the Nursing Practice Act, include but are not limited to:
 - (a) completing preadmission health assessment for initial acceptance into program, including problem-identification and care planning;
 - (b) implementing the health care components of the established service plan which may include, but are not limited to:
 - (1) medication administration
 - (2) wound care
 - (3) enteral or parenteral feedings
 - (4) bowel or bladder training and maintenance programs
 - (5) tracheostomy care and suctioning
 - (6) delegating appropriate nursing care tasks to qualified unlicensed personnel;
 - (c) monitoring participant's response to medical treatment plan and nursing interventions and revising plan of care as necessary;
 - (d) reporting and recording results of the nursing assessment, care rendered and participant's response to care;
 - (e) collaborating with other health care professionals and caregivers regarding provision of participant's health care;
 - (f) educating other staff members to emergency procedures and providing information to staff and caregivers about health concerns and conditions of participants; and
 - (g) providing first aid treatment as needed.

ADULT DAY HEALTH ONLY E - G

3. The health care coordinator must meet the following minimum qualifications:
- (a) must be either a registered nurse or a licensed practical nurse currently licensed to practice in North Carolina;
 - (b) if the health care coordinator is a licensed practical nurse
 - (1) supervision must be provided by a registered nurse consistent with the Nursing Practice Act and 21 NCAC 36 .0224 - .0225. Copies of these rules may be obtained from the Office of Administrative Hearings, 6714 Mail Service Center, Raleigh, NC 27699-6714, (919) 733-2678, at a cost of \$2.50 for up to 10 pages and .15 for each additional page; and
 - (2) on-site supervision by the registered nurse must occur no less frequently than every two weeks.
 - (c) knowledge and understanding of the physical and emotional aspects of aging, the resultant diseases and infirmities and related medications and rehabilitative measures;
 - (d) be at least 18 years of age;
 - (e) shall provide a written medical statement from a physician, nurse practitioner, or physician's assistant certifying good physical health, including freedom from communicable disease or condition prior to employment and annually thereafter. When such certification cannot be made, employment may commence, continue, terminate, or be reassigned based on an assessment of whether the employee's work tasks would pose a significant risk to the health of the employee, co-workers or the public, or whether the employee is unable to perform the normally assigned job duties;
 - (f) shall provide at least three current reference letters or the names of individuals with whom a reference interview can be conducted, including at least one former employer, if any. The individuals providing reference information must be knowledgeable of the applicant's background and qualifications.

ADULT DAY HEALTH ONLY E - G

- F. Staff Responsible for Personal Care in Adult Day Health Centers [10A NCAC 06S .0204(c), previously 10 NCAC 42Z .0604(c)]
- All day health center staff providing personal care must present evidence of meeting the following qualifications before assuming such responsibilities:
1. successful completion of nurse's aide, home health aide or equivalent training course, or
 2. a minimum of one year of related experience.
- G. Personnel in Adult Day Health Homes [10A NCAC 06S .0204 (d), previously 10 NCAC 42Z .0604 (d)]
1. A minimum of one full-time equivalent staff person must be designated as having responsibility for direct participant care for two to five participants. The staff person with this responsibility may be the operator or other designated paid staff.
 2. The operator or other designated paid staff shall meet the requirements for health care coordinators as set forth in E. of this section and:
 - a. be competent and qualified to carry out the responsibilities of providing a day health program;
 - b. have at least two years of related work experience and ability to manage all aspects of a day health program;
 3. The day health home shall have substitute or relief staff to enable the day health home to remain open on days when the operator is not available to supervise the program. This substitute or relief staff shall meet the requirements for health care coordinators as set forth in E.
- H. Volunteers (10A NCAC 06R .0307 and 06S .0201, previously 10 NCAC 42E .0907 and 42Z .0601)
1. When volunteers are used in an adult day care or day health program, adequate planning prior to the placement of the volunteers shall take place in order to provide the volunteer with a written description of his duties and responsibilities. This written description shall outline in detail the tasks to be performed, qualifications for performing them, and specifics of hours, days and length of commitment needed from the volunteer.

2. The volunteer shall take part in a formal or informal orientation and training session to inform him of the goals of the program, the operation and daily schedule of the program, specific needs of the adults being served and any necessary specialized approaches the volunteer shall be expected to use.
3. Paid staff of the program shall be properly informed of the use of a volunteer prior to his working in the program, staff's responsibility and role and the volunteer's responsibility and role. Paid staff shall be involved in planning for the volunteer and shall assist in writing up the duties the volunteer shall perform.
4. Provision shall be made to evaluate the volunteer in his execution of the job.
5. Provision shall be made for recognition and appreciation of the volunteer.

III. Facility

A. General Requirements [10A NCAC 06R .0401 and 06S .0301, previously 10 NCAC 42E .1001 and 42Z .0701]

1. The facility and grounds must be safe and clean for aging, disabled, and handicapped adults as evidenced by approval of local sanitation and fire safety authorities and by approval of the county department of social services and the Division of Aging.
2. The facility shall comply with all applicable zoning laws.
3. The environment within the facility shall be pleasant and comfortable.
4. There shall be flexible and adaptable spaces suitable for appropriate activities for participants. Spaces shall provide opportunities for participants to get together as a group as well as a reasonable degree of privacy for quiet times.
 - a. The facility shall provide at least forty square feet of indoor space for each participant in the portion of the buildings utilized for adult day care. This minimum square footage excludes hallways, offices, and rest rooms.
 - b. If meals are prepared within the facility, the kitchen must be adequate for the number served.
 - c. Storage areas must be adequate in size and number for storage of clean linens, dirty linens, cleaning materials, household supplies, food, equipment, and program supplies. A separate locked area for storing poisons, chemicals or other potentially harmful products (cleaning fluids, disinfectants, etc.) shall be provided.
 - d. A minimum of one toilet shall be available for each twelve adults in attendance at the facility. The 1 to 12 ratio includes staff and participants who utilize the facility. One hand lavatory shall be provided for each two toilets.
5. All rugs and floor coverings must be securely fastened down. Loose throw rugs are not allowed. Floors shall not be slippery.
6. A telephone must be available for participants to make and receive a reasonable number of calls. A pay station telephone is not acceptable for local calls.

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B.

Additional Facility Requirements For Adult Day Health [10A NCAC 06S .0301, previously 10 NCAC 42Z .0701 (b)]

1. Facility space must be of sufficient dimension and size to allow for required program group activities.
 - a. Day health centers and homes shall provide at least 60 square feet of indoor space excluding hallways, offices and restrooms for each participant.
 - b. Combination programs shall provide at least 50 square feet of indoor space excluding hallways, offices and restrooms for each participant.
 - c. Day health programs or combination programs which share space with other programs or activities in a multi-use facility must have a nucleus area separate from other activities in the rest of the building.
 - (1) The nucleus area must provide at least 40 square feet of indoor space per participant excluding hallways, offices and restrooms, and a minimum of 20 square feet per participant must be provided in other space in the facility designated for use by the day health program.

When the other space is being used at the same time by individuals participating in other services provided in the multi-use facility, the 20 square feet per participant is in addition to any minimum square footage requirement for other use of such space. Shared facility space outside the nucleus area which may be used by the day health program and counted in meeting the 20 square feet per participant requirement includes craft, therapy and other activity areas. Dining space may be included if also used for activities. Offices, restrooms, hallways, kitchens and shared treatment rooms may not be counted in meeting the 20 square feet per participant requirement.
 - (2) Participation is open only to persons enrolled in the program and to visitors on a planned basis. Depending on the nature of the other activities in the building, it may or may not be appropriate for day health participants to share in them on a planned basis. Such involvement must be a part of the day health program plan and must be supervised by a day health staff member.
 - (3) The Department will grant certification to programs operating in multi-use facilities, even though they are not otherwise in compliance with space requirements, if the integrity of the program and the health, safety, and well-being of the participants is determined to be at or above the level of the requirements of this section. No variance shall be allowed by the Department to standards adopted by the Building Code Council and subject to the general supervision of the Commissioner of Insurance, or

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to any standard adopted by the Health Services Commission. If certification is granted despite non-compliance with this space requirement, such certification may be renewed if the Department determines that the health, safety and well-being of the participants are not being threatened, and if the integrity of the program is not being compromised.

2. Facilities with a capacity of more than 12 adults, including staff, shall have separate restrooms for males and females. Each restroom shall contain a minimum of one toilet and one lavatory.
3. The facility shall include a treatment room which is enclosed and private from the rest of the facility. The treatment room must have a sink or have a doorway which connects it to a room containing a sink. The room shall contain a treatment table, storage cabinet for first aid and medical supplies and equipment, table or desk and two chairs. The storage cabinet shall be kept locked.
4. The facility shall have sufficient private offices for staff use, including use for conferences with individual participants and their families. Programs must have a minimum of one private office with sufficient equipment and furnishings for administrative purposes and for conferences. Programs in multi-use facilities must have their own offices readily accessible to family members, staff and participants.
5. The facility shall have, at a minimum, the following medical supplies and equipment:
 - (a) standard first aid supplies adequate to meet the needs of the participants,
 - (b) fever thermometer,
 - (c) blood pressure cuff,
 - (d) stethoscope,
 - (e) medical scales,
 - (f) privacy screen,
 - (g) emesis basin,
 - (h) bed pan,
 - (i) urinal,
 - (j) wash basin.

- C. Day Care or Day Health Programs in Multi-Use Facilities [10A NCAC 06R .0510, 06R 0303, 06S .0201 and 06S .0301(b), previously 10 NCAC 42E .1110, 42E .0903, 42Z .0601 and .0701(b)]

Adult day care or day health programs established in buildings which are used at the same time for other activities must adhere to the following guidelines:

1. The program must be self-contained with its own staff and separate area.
2. Participation is open only to persons enrolled in the program and to visitors on a planned basis. Depending on the nature of the other activities in the building, it may or may not be appropriate for day care participants to share in them on a planned basis. Such involvement must be as part of the program plan and must be supervised by a day care or day health staff member. (Examples of appropriate involvement might include senior center crafts and social events and lunch at a congregate meal site.)
3. When the program is located in a multiple-use facility (e.g. school, church) there must be a written agreement regarding the facility's cooperative use. The agreement shall contain the following as they apply to the adult day care or day health program: time of use, maintenance of space, use of equipment, security, liability, and insurance.

- D. Building Construction [10A NCAC 06R .0402 and 06S .0301, previously 10 NCAC 42E .1002 and 42Z .0701]

1. The building must meet the approval of the local building inspector, (or local fire inspector or fire marshal if a building inspector is not available), in terms of structural soundness and fire safety.
2. The program must provide at least one entrance at ground level with no steps or an entrance ramp with rails and a maximum slope of 1 in 12 (8%). The ramp must be covered with a securely fastened non-skid floor covering which is safely secured at both ends. [Exception: day care homes which serve only ambulatory persons are not required to meet this standard.*
**Building, Fire & Sanitation rules have changed so this is no longer accurate. Refer to updated inspection forms in Appendix C.]*
3. The facility shall provide grab bars or safety frames at all toilets used by participants.

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4.

<p>a. Facilities where six or fewer adults are served in a single family dwelling must meet building construction requirements for adult day care homes specified in Appendix A of these standards.* <i>The rules in Appendix A are outdated and are in the process of being replaced with updated ones. Consult with your local inspector to verify the latest State Building code regulations.</i></p>
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- b. Facilities where two to five adults are served in a single family dwelling must meet building construction requirements for adult day health homes specified in Appendix A of the standards.
**The rules in Appendix A are outdated and are in the process of being replaced with updated ones. Consult with your local inspector to verify the latest State Building code regulations.*

5. In programs administered in facilities other than single family dwellings, which are initially certified since March 1, 1977, the facilities must meet the handicapped section (Volume 1-C) of the North Carolina State Building Code.

Contact the county department of social services before any construction or renovation of the building or grounds are begun.

- E. Equipment and Furnishings [10A NCAC 06R .0403 and 06S .0301, previously 10 NCAC 42E .1003 and 42Z .0701]

1. Facility equipment and furnishings shall be adequate to meet the needs of participants and staff and enable efficient operation of the program. At a minimum, the facility shall have:
 - a. At least one straight back chair or sturdy folding chair for each participant and each staff person;
 - b. Table space adequate for all participants to be served a meal at a table at the same time and for program activities;
 - c. Lounge, sofa or recliner seating so that at least half of the participants can relax and rest at the same time; If all participants take a daily rest period at the same time, the facility shall have lounge, sofa or recliner seating so that all participants can rest and relax at the same time;
 - d. A quiet space with beds or cots so that participants can lie down as needed separate from other program activities.
2. All equipment and furnishings shall be in good condition and safe for use by all participants and staff of the facility.

IV. Program Operation

- A. Planning Program Activities [10A NCAC 06R .0501 and 06S .0401, previously 10 NCAC 42E .1101 and 42Z .0801]

1. Enrollment Procedures

- a. Enrollment policies serve as the basis for determining who can be accepted into the program and for planning activities appropriate for the participants.
- b. Prior to enrollment, the applicant, and family members or other significant person (if appropriate) must have at least one personal interview with at least one program staff member.
- c. The signed application for enrollment and a current medical examination report must be obtained before the individual's first day of attendance as a participant in the program.
- d. At enrollment, or in the preliminary interview, the program policies shall be discussed with each applicant and family member or other significant person (if applicable) and a copy of the program policy statement shall be given to each.

2. Planning Services for Individual Participants

- a. Each participant shall have an individualized written plan for services in the program. In developing the plan, the participant and his family and other agency professionals should be included, as appropriate. The service plan shall be initiated at enrollment and shall be reviewed at regular intervals. The service plan shall include:
 - (1) The needs of the person;
 - (2) The service goals for the person while in the day care program;
 - (3) Activities the person will participate in;
 - (4) The time limit for the plan, with provision for review and renewal.
- b. Any unusual behavior, change in mood, change in attitude, suggestion of family problems or personal problems, need for help or services will be reported to the appropriate person. If the participant is a social services client, the report should be made to the participant's family and department of social services worker or the social worker designated as consultant to the day care program by the department. If the participant is not a social services client, the report should be made to the person's family, caretaker, friend or whomever is responsible for the person. A note should be made in the participant's record of action taken.
- c. The participant or the party responsible for the participant may choose the days and number of days the participant will attend, with the program director's approval.

- d. Any participant absence shall be checked out at least by phone on the day it occurs to find out the reason for the absence. If possible, the absent participant should be contacted directly. If impossible to contact the participant directly, the participant's social worker, family, caretaker, friend or other responsible person should be contacted.
- e. Responsibility for supervision rests with the facility when a participant is in attendance. A participant leaving the program for part of a day shall sign out, relieving the staff of further responsibility. If a participant has emotional or mental impairment which requires close supervision, and that person needs or wants to leave the program during the day, the social worker, family, caretaker, friend, or whomever is responsible for the person shall be notified prior to the person's leaving the facility. Such contacts shall be documented in the participant's record.

3. Program Plan

- a. The day care and day health programs shall have a program plan which meets the following criteria:
 - (1) Overall planning of activities shall be based on elements of the individual service plans. [See Section 2.]
 - (2) The primary program mode shall be the group process, with provision for individual activities and services as needed.
 - (3) Activities shall be consistent with the stated program goals.
 - (4) Activities shall be planned jointly by staff and participants. Staff shall encourage participants to participate in the planning and operation of the program as much as they are able, and to use their skills, talent and knowledge in program planning and operation.
 - (5) All program activities shall be supervised by program staff.
 - (6) Participants shall have the choice of refusing to participate in any given activity.
- b. The program plan shall provide for the following five types of activities to be available on a daily basis:
 - (1) diversional - activities to divert attention from self by focusing on projects that will result in a finished product and will foster feelings of achievement and self-worth. Such projects shall be designed to encourage learning, group interaction, creativity and a sense of personal fulfillment.

- (2) educational - activities and programs to provide exposure to and opportunities to learn new ideas and skills, to rekindle old skills, and to help participants become more self-sufficient.
 - (3) social - activities to provide fun and enjoyment.
 - (4) volunteer service - activities and projects to provide opportunities to do something for someone else in a manner that contributes to an attitude of self-worth and awareness of ability to contribute to the community.
 - (5) program assistance - involvement in and assistance in carrying out program activities (example: help with snacks, devotions, watering plants). Such participant involvement shall not be substituted for staff responsibility for program activities.
- c. The program plan shall provide for a balance of activities among the five categories specified in the above section, with such activities designed to:
 - (1) improve the capacity of the participant for self-care and personal hygiene, increased feelings of self-worth and dignity;
 - (2) improve the social and interactional skills of the participants;
 - (3) provide opportunities for exposure to, awareness of, and involvement in social and community activities that promote creative use of leisure time;
 - (4) improve participant's capacity for independence.
- d. The program plan shall be in writing and shall specify:
 - (1) the name of each activity to be provided, the days of the week each activity shall be conducted, and the approximate length of time of each activity;
 - (2) the length of time the plan is to be followed.
- e. A schedule of activities shall be posted weekly or monthly, in a prominent place in the facility, listing by date the planned activities.
- f. Physical activity shall be encouraged within the limits of the individual, as determined by medical information furnished by his physician.
- g. Outings shall be scheduled as often as possible in order to stimulate the potential of each participant to be involved in the community.

- h. Program staff shall be encouraged to explore and utilize other available community resources as part of the program.
- i. Community services and resources (such as recreation programs, senior centers) shall be used as much as possible by the day care and day health participants as a regular part of day care and day health program activities.
- j. *Specialized services, i.e., speech therapy, physical therapy, counseling, etc., may be arranged by or provided through the adult day care program as needed by individual participants and as available through community resources.*

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B. Health and Personal Care Services

(10A NCAC 06S .0403, previously 10 NCAC 42Z .0803)

1. The following health care and personal care services shall be provided in day health or combination programs:
 - a. assistance with activities of daily living including, but not limited to feeding, ambulation, or toileting as needed by individual participants;
 - b. health care monitoring of each participant's general health and medical regimen. This includes documenting the periodic assessment of the vital signs, weight, dental health, general nutrition, and hygiene of each participant. When significant changes occur, positive or negative, such changes shall be reported as soon as possible to the caretaker. The change in health status and notification of the appropriate person shall be recorded in the participant's file;
 - c. assistance to participants and caretakers with medical treatment plans, diets, and referrals as needed;
 - d. health education programs for all participants on a regular basis, at least monthly;
 - e. health care counseling tailored to meet the needs of participants and caretakers; and
 - f. providing first aid treatment as needed.
2. Specialized services, e.g. speech therapy, physical therapy, and counseling, shall be facilitated by the adult day health program as required by a physician and as available through community resources.

C. Nutrition

[10A NCAC 06R .0502 and 06S .0401, previously 10 NCAC 42E .1102 and 42Z .0801]

1. A midday meal shall be provided to each participant in attendance at the program during mealtime. The meal shall provide at least one-third (1/3) of an adult's daily nutritional requirement as specified by a registered dietitian or certified nutritionist.
2. Meals shall be prepared and served in a sanitary manner using safe food handling techniques.
3. A nutritious mid-morning and mid-afternoon snack shall be offered daily to participants. Snacks shall be planned to keep sugar, salt and cholesterol intake to a minimum.
4. A therapeutic diet shall be provided, if prescribed in writing by a physician, for any participant. If therapeutic diets are prepared by program staff, such staff shall have training in planning and preparing therapeutic diets or shall provide documentation of previous training and education sufficient to assure ability to prepare meals in accordance with a physician's prescription.
5. A registered dietitian or certified nutritionist shall give consultation to the staff on basic and special nutritional needs and proper food handling techniques. *(Instruction in nutrition, weight control and safe food handling techniques may be provided as an ongoing part of program activities.)*

D. Transportation

[10A NCAC 06R .0503 and 06S .0404, previously 10 NCAC 42E .1103 and 42Z .0804]

1. When the day care or day health program provides transportation, the following requirements must be met to ensure the health and safety of the participants:
 - a. Each person transported must have a seat in the vehicle.
 - b. Participants shall be transported no more than thirty minutes without being offered the opportunity to have a rest stop.
 - c. Vehicles used to transport participants shall be equipped with seatbelts. Participants shall be instructed to use seatbelts while being transported.
2. It is desired that participants use public transportation, if available. Relatives and other responsible parties are encouraged to provide regular transportation, if possible.

E. Emergencies and First Aid [10A NCAC 06R .0504 and 06S .0405, previously 10 NCAC 42E .1104 and 42Z .0805]

1. Plan for Emergencies

- a. A written plan for handling emergencies shall be established and displayed prominently in the facility.
- b. The plan shall relate to medical and non-medical emergencies and shall specify responsibilities of each staff member in an emergency.
- c. All staff shall be knowledgeable about the plan.
- d. Regular drills in handling different kinds of emergencies shall be conducted and documented as to date and kind of emergency.

2. Evacuation Plan

An evacuation plan shall be posted in each room and regular fire drills shall be conducted at least quarterly*. A record shall be kept of dates and time required to evacuate the facility. (**Fire codes have changed so that programs certified before January 1, 2003 are required to conduct monthly fire drills; programs certified after January 1, 2003 can conduct quarterly fire drills. The adult day care rules are in the process of being revised to reflect this change. Consult with your local fire inspector regarding fire safety requirements.*)

3. All staff who are determined physically able shall complete training in standard first aid and cardio-pulmonary resuscitation. This training shall be current, as determined by the organization conducting the training and issuing the certification.
4. The program shall arrange for medical assistance to be available in the event of an emergency.
5. Sickness, and all accidents resulting in physical injury or suspected physical injury, shall be reported to the program director. The program director or operator shall make sure that all persons needing medical attention receive such attention as soon as possible. Families of participants, or other responsible persons, and staff are to be notified of emergency action taken as soon as possible. The program director or operator shall compile and keep on record a report of all emergency actions taken. A copy of the report shall be sent to the county department of social services and, for day health programs, to the county health department.

F. Medications [10A NCAC 06R .0505 and 06S .0401, previously 10 NCAC 42E .1105 and 42Z .0801]

1. Medications shall be administered according to the participant's established medication schedule as defined in Section V.A.1.d. or as authorized by the responsible caretaker.
2. Participants may keep and administer their own medicines while attending the day care program.

3. If a participant is determined to be unable to be responsible for his medication, it shall be kept for him during the time he is present at the program and given to him to take at the prescribed time and dosage. Documentation of whether or not the medications are kept by the program shall be included in each participant's file.
4. A record of all medications given to each participant must be kept indicating each dose given and is to include the following:
 - (a) participant's name;
 - (b) name, strength, and quantity of the medication;
 - (c) instructions for giving medication;
 - (d) date and time medication is administered; and
 - (e) name or initials of person giving the medication. If initials are used, a signature equivalent to those initials is to be entered on this record.
5. Medications kept by the program shall be in containers in which they were dispensed. The containers shall be clearly labeled with the participant's full name, the name and strength of the medicine, and dosage and instructions for administration. Medicines kept by the program shall be kept locked in a safe place.

G. Program Evaluation [10A NCAC 06R .0509 and 06S .0401, previously 10 NCAC 42E .1109 and 42Z .0801]

1. Each day care and day health program shall have in writing a plan for internal evaluation of its operation and services. The plan shall include the timetable for initiating and completing the annual evaluation, the parties to be involved, the areas which will be addressed and the methods to be used in conducting the evaluation.
2. A formal evaluation shall be conducted at regular intervals, at least annually.
3. The following parties shall be involved, to the extent considered appropriate, in the evaluation process:
 - a. Governing body,
 - b. Program director,
 - c. Staff,
 - d. Participants,
 - e. Families of participants,
 - f. Department of Social Services.

4. The evaluation shall focus on the following three areas, in addition to any others the program may wish to address:
 - a. The extent to which the program is achieving its goals;
 - b. The extent to which the program is meeting the needs and interests of participants; and
 - c. The extent to which the program is efficient and effective in its operation, including the extent to which the program is cost-efficient.
5. A written report of the program evaluation and findings shall be made and kept on file.

V. Records [10A NCAC 06R .0508 and 06S .0401, previously 10 NCAC 42E .1108 and 42Z .0801]

Each adult day care and day health program shall maintain records to document the progress of each participant and to document program operation. The following records are required:

A. Individual Client Records

1. An individual folder for each participant shall be established and maintained, including:
 - a. A signed application, recording:
 - (1) client's full name;
 - (2) address and telephone number;
 - (3) date of birth, marital status and living arrangement of client;
 - (4) time of day client will arrive and time of day client will leave the center, on the average;
 - (5) travel arrangements to and from the center for the client;
 - (6) name, address and telephone number of at least two family members or friends who are responsible for the client and can be contacted in emergencies;
 - (7) name, address and telephone number of a licensed medical service provider who will see the client on request.

- b. Copies of all current and former signed authorizations for the day care and day health program to receive and give out confidential information on the participant when necessary to maintain the participant's health and to help the participant improve. Such authorization shall include the name of the party from whom information is requested and to whom information is given. Such authorization must be obtained each time a request for client information is made from a different party;
- c. A signed authorization for the client to receive emergency medical care from any licensed medical practitioner, if such emergency care is needed by the client;
- d. A medical examination report signed by a licensed physician or physician's assistant. This report must be completed prior to enrollment and updated annually thereafter. The report shall include information on:
 - (1) current diseases and chronic conditions and the degree to which these diseases/conditions require:
 - (a) special attention by day care and day health staff;
 - (b) restriction of normal activities by the client;
 - (2) presence and degree of psychiatric problems;
 - (3) amount of direct supervision the client requires;
 - (4) any limitations on physical activities, such as walking, exercises, etc.;
 - (5) listing of all medications with dosages and times medications are to be administered;
 - (6) most recent date participant was seen by doctor.
- e. The written report of staff discussions, conferences, consultation with family or other interested parties, evaluation of a participant's progress and any other significant information regarding a participant's situation;
- f. All service plans for the participant. [See IV. 2. pages 20-21];
- g. A signed authorization if the participant or his responsible party will permit photographs or slides of the participant to be made by the day care or day health program and specifying the publicity

efforts in which such photographs will be used. Such authorization must be obtained prior to taking photographs of the participant;

- h. A statement signed by a family member or other responsible person (when applicable) acknowledging receipt of the program's policy statement and agreeing to uphold program policies pertaining to their participant.

B. Program Records for Adult Day Care and Day Health Centers

Program records shall contain:

1. copies of program plans [see IV. 3. pages 21-23];
2. monthly records of expenses and income, including fees collected, and fees to be collected;
3. all bills, receipts and other pertinent information which document expenses and income, to be kept for a minimum of three years;
4. a daily record of attendance of participants by name;
5. accident reports [see IV. E. 5. page 26];
6. a record of staff absences, annual leave and sick leave, including dates and names of substitutes;
7. reports on emergency and fire drills [see IV. E. 1. and 2., page 26];
8. individual personnel records on all staff members, including:
 - a. application for employment;
 - b. job description;
 - c. medical certification of absence of communicable disease;
 - d. written note or report on any personnel action taken with the employee;
 - e. written report of annual employee review;
9. a copy of all written policies, including:
 - a. program policy statement;
 - b. personnel policies;
 - c. agreements;
 - d. plan for emergencies;
 - e. evacuation plan;
10. evaluation reports [see IV. G., page 27];

11. control file of DSS-1360s on all participants for whom Social Services Block Grant (Title XX) reimbursement is claimed.

C. Program Records for Day Care and Adult Day Health Homes:

Program records shall contain:

1. copies of program plans;
2. a monthly record of the expenses and income of the day care and day health program;
3. all bills, receipts and other pertinent information which document expenses and income, to be kept for a minimum of three years;
4. a daily record of attendance of participants;
5. accident reports;
6. a copy of all written policies, including:
 - a. program policy statement;
 - b. personnel policies;
 - c. agreements;
 - d. plan for emergencies;
 - e. evacuation plan;
7. program evaluation reports;
8. reports on emergency and fire drills;
9. control file of DSS-1360s on all participants for whom Social Services Block Grant (Title XX) reimbursement is claimed.

VI. Certification

- A. The Certificate (10A NCAC 06R .0801 and 06S .0503, previously 10 NCAC 42E .1401, and 42Z .0903)

The Certificate will be issued by the Division of Aging when, in the Division's judgment, minimum requirements for certification, as set forth in these standards have been met. The Certificate must be conspicuously posted in a public place in the facility. The certificate will be in effect for 12 months from the date of issuance unless it is revoked for cause, voluntarily or involuntarily terminated, or changed to provisional certification status.

- B. Procedures for Certification (10A NCAC 06R .0601 and 06S .0501, previously 10 NCAC 42E .1207 and 42Z .0901)

All individuals, groups or organizations operating or wishing to operate an adult day care or adult day health program as stated in G.S. 131D-6 must apply for a certificate to the county department of social services in the county where the program is to be operated. A designated social worker at the county department of social services will supply the necessary forms and a copy of these Standards for Certification, and will make a study of the program.

1. Initial Certification Package

The following forms and materials make up an initial certification package and must be submitted through the county department of social services to the State Division of Aging:

- a. Program Policy Statement;
- b. Organizational diagram;
- c. Job descriptions;
- d. Documentation showing planned expenditures and resources available to carry out the program of service for a 12 month period;
- e. A floor plan of the facility showing measurements, restrooms, and planned use of space;
- f. Fire Inspection Report or the equivalent completed and signed by the local fire inspector, indicating approval of the facility, no more than 30 days prior to the submission of the certification package;
- g. Building Inspection Report for Day Care Services for Adults or the equivalent completed and signed by the local building inspector, (or fire inspector or fire marshall if a building inspector is not available), indicating approval of the facility, no more than 30 days prior to submission of the certification package;

- h. Sanitation Evaluation Report or the equivalent completed and signed by a local sanitarian, indicating approval of the facility, no more than 30 days prior to submission of the certification package;
- i. Written notice and the effective date, if a variance of local zoning ordinances has been made in order for property to be utilized for the adult day care or day health program;
- j. A copy of the articles of incorporation, by-laws, and names and addresses of board members for adult day care or day health programs sponsored by a non-profit corporation;
- k. The name and mailing address of the owner if the program is proprietary.
- l. A medical statement for each proposed staff member certifying to freedom from communicable disease or condition and to good health signed by a licensed physician, physician's assistant, or nurse practitioner no more than 30 days prior to submission of the certification package. When such certification cannot be made, the proposed staff member may be hired based on an assessment of whether the work tasks would pose a significant risk to the health of the employee, co-workers, or the public, or whether the employee is unable to perform the normally assigned job duties;

ADULT DAY CARE ONLY

- m. *DOA-1500* (Previously DSS-1500): Adult Day Care Certification Report. This form must be submitted by the county department of social services with a copy to the program for adult day care programs.

ADULT DAY HEALTH ONLY

- n. *DOA-6205* (Previously DSS-6205): Adult Day Care/Day Health Certification Report. This form must be submitted by the county department of social services with a copy to the program for adult day health or combination programs.

- 2. If during the study of the program it does not appear that all standards can be met, the county department will so inform the applicant, indicating in writing the reasons, and give the applicant an opportunity to withdraw the application. Upon the applicant's request, the application will be completed and submitted to the Division of Aging for consideration.
- 3. Following review of the certification package, a pre-certification visit may be made by staff of the state Division of Aging.

4. The Division of Aging will promptly notify in writing the applicant and the county department of social services of the action taken after a review of the certification package and visit, if made.
5. Renewal Certification Package (10A NCAC 06R .0601, previously 10 NCAC 42E .1207)

The following forms and materials make up a certification package for the renewal of certification and must be submitted through the county department of social services, no more than 60 days prior to the end of the current period of certification, to the Division of Aging.

- a. Fire Inspection Report or the equivalent completed and signed by the local fire inspector, indicating approval of the facility, no more than 12 months prior to the submission of the certification package;
- b. Building Inspection Report for Day Care Services for Adults or the equivalent when structural building modifications have been made during the previous 12 months, completed and signed by the local building inspector, (or fire inspector or fire marshall if a building inspector is not available), indicating approval of the facility, within 30 days following completion of the structural building modifications;
- c. Sanitation Evaluation Report or the equivalent completed and signed by a local sanitarian, indicating approval of the facility, no more than 12 months prior to submission of the certification package;
- d. A medical statement for each staff member certifying to freedom from communicable disease or condition and to good health signed by a licensed physician, physician's assistant, or nurse practitioner no more than 12 months prior to submission with the certification package. When such a certification cannot be made, employment may be continued, terminated, or reassigned based on an assessment of whether the employee's work tasks would pose a significant risk to the health of the employee, co-workers, or the public, or whether the employee is unable to perform normally assigned job duties;
- e. An updated copy of the policy statement, organizational diagram, job descriptions, names and addresses of board members if applicable, and a floor plan showing measurements, restrooms, and planned use of space (if any changes have been made since the previous certification package was submitted);
- f. Documentation showing planned expenditures and resources available to carry out the program of service for a 12 month period;

ADULT DAY CARE ONLY

- g. *DOA-1500* (Previously DSS-1500): Adult Day Care Certification Report. This form must be submitted with the certification package by the Department of Social Services to the Division of Aging at least 30 days in advance of the expiration date of the certificate, with a copy to the program.

ADULT DAY HEALTH ONLY

- h. *DOA-6205* (Previously DoA-6205): Adult Day Care/Day Health Certification Report. This form must be submitted with the certification package for adult day health or combination programs by the Department of Social Services to the Division of Aging at least 30 days in advance of the expiration date of the certificate, with a copy to the program.

- C. Changes in Personnel [10A NCAC 06R .0602 and 06S .0502, previously 10 NCAC 42E .1208 and 42Z .0902]

Whenever there is a change in program director or operator, the qualifications of the new staff person as meeting requirements on pages 8-9 of these standards must be documented in writing to the county department of social services no later than the effective date of the change. The Adult Day Care Consultant of the Division of Aging shall be notified in writing of the change and the county department of social services' satisfaction that Standards are met.

- D. Corrective Action [10A NCAC 06R .0102 and 06S .0509, previously 10 NCAC 42E .0705 and 42Z .0909]

1. Adult day care and day health programs shall be inspected annually and monitored at least monthly to assure compliance with the Standards.

Where a violation of G.S. 131D-6 or these standards is identified by staff of the county department of social services or the Division of Aging, or other authorized inspectors such as sanitarians, building and fire safety inspectors, the program director of the adult day care or day health program must be notified in writing of the nature of the violation by that inspector and requested to take corrective action by the county department of social services. The county department of social services will determine, in consultation with the program director, the date by which corrective action must be completed based on the severity of the violation and the effect of the violation on the participants of the program.

- a. Where a violation presents a clear and immediate danger to the participant's health or safety, the program director is required to take immediate corrective action, after written notification, to correct the source of danger or to remove the participants from the source of danger. The specific time for completion of corrective action will be included in the written notice.

- b. Where a violation has the potential to endanger the participant's health, safety, or welfare, the program director is required to take corrective action. The date specified for the completion of the corrective action must be no later than 30 days after the written notification.
 - c. Where a violation does not directly endanger the participants, such as a violation of administrative or record keeping standards, the program director is required to take corrective action. The date specified for the completion of the corrective action must be no later than 90 days after the written notification.
 - 2. If the violation continues beyond the established time for completion of corrective action, the program will be considered to be in willful violation of the standards and negative action will be taken in accordance with the provisions in pages 36-38 of these Standards by the Division of Aging.
- E. Provisional Certification [10A NCAC 06R .0802 and 06S .0504, previously 10 NCAC 42E .1402 and 42Z .0904]
 - 1. A provisional certificate may be issued in accordance with the following:
 - a. A provisional certificate may be issued by the Division of Aging when the certification renewal process identifies violations and a plan for corrective action is in place. The provisional certification will continue until timely corrections have been made and the Division so informed, or until revoked.
 - b. A provisional certificate may be issued by the Division of Aging when corrective action has not been completed by the completion date established in a corrective action plan. The provisional certification will continue until corrections have been made and the Division so informed, or until revoked.
 - c. A provisional certificate may be issued by the Division of Aging when renewal materials have not been submitted in a timely fashion, but were received by the Division prior to the expiration date of the current period of certification. The provisional certificate will remain in place until revoked or until replaced with full certification.
 - 2. In no instance will a provisional certification be in effect for longer than six months.
 - 3. When a provisional certificate is issued, the program must post a copy of the notice from the Division of Aging, identifying the reasons for it, adjacent to the current certificate.

F. Termination of Certification [10A NCAC 06R .0803 and 06S .0505, previously 10 NCAC 42E .1403 and 42Z .0905]

The Certificate will automatically terminate under the following conditions:

1. In a private for-profit program, when ownership in its entirety is transferred; in a private, non-profit program, when the board of directors is dissolved; in a public agency, when the board of that agency is dissolved;
2. When the program moves to another location;
3. When the required certification renewal materials are not received by the Division of Aging by the expiration date of the current period of certification.

G. Denial or Revocation of Certification [10A NCAC 06R .0804 and 06S .0506, previously 10 NCAC 42E .1404, and 42Z .0906]

1. A certificate may be denied or revoked by the Division of Aging at any time for failure to comply with these standards.
2. When a program fails to comply with the certification standards at the time initial certification is requested, certification will be denied by the Division of Aging. A notice from the Division of Aging setting forth the particular reasons for such action will be delivered personally or by certified mail to the applicant. Such denial becomes effective 20 days after the receipt of the notice.
3. Revocation of a certificate, when violations have not been corrected by the date established by a corrective action plan, may be effected by personal delivery or certified mail of a notice setting forth the particular reasons for such action. Such revocation becomes effective 20 days after the receipt of the notice.
4. In accordance with G.S. 150B-3(c), if the Division finds that health, safety or welfare of the participants requires emergency action and incorporates this finding in its notice, the certificate may be summarily suspended. Notice of the summary suspension shall be effected by serving the program director by personal delivery or certified mail. The summary suspension will be effective on the date specified in the notice or upon service of the notice, whichever is later.
5. When a program receives a notice of denial or revocation, the program director must inform each participant and participant caretaker, as appropriate, of the notice and the basis on which it was issued.

H. Penalty [10A NCAC 06R .0805 and 06S .0507, previously 10 NCAC 42E .1405 and 42Z .0907]

1. If a program is in willful violation as specified in D. Corrective Action, pages 35-36 of these Standards, a penalty may be imposed. The amount of the penalty, within the limitation established by G.S. 131D-6, shall be determined based on the degree and extent of the harm or potential harm caused by the willful violation.
 - a. Where a violation presents a clear and immediate danger to the participants a civil penalty of \$100 per day will be imposed effective from the day that corrective action was to have been completed.
 - b. Where a violation has the potential to endanger the participants' health, safety or welfare, a civil penalty of \$50 per day will be imposed effective from the day that corrective action was to have been completed.
 - c. Where a violation does not directly endanger the participants, a civil penalty of \$10 per day will be imposed effective from the date on which the corrective action was to have been completed.
2. The Division of Aging shall determine the penalty levied against a program based on the severity of the violation as described above, and will notify the program by registered or certified mail. The penalty shall become due 20 days after receipt of the notice.
3. *Each day of a continuing violation constitutes a separate violation (from General Statute 131D-6).*

I. Procedure For Appeal [10A NCAC 06R .0806 and 06S .0508, previously 10 NCAC 42E .1406, and 42Z .0908]

When a program is notified of a negative action by the Division of Aging, the program may ask for an informal review by Division staff. *[The request for the informal review may be made in person, by telephone, or in writing to the:*

*Adult Day Care Consultant
Division of Aging
2101 Mail Service Center
Raleigh, North Carolina 27699-2101
(919) 733-0440]*

If the review is not satisfactory, the program may request a hearing.

2. The program may request a hearing within 60 days after receipt of written notification from the Division of a negative action, by written notice through registered or certified mail to the:

Office of Administrative Hearings
424 North Blount Street
Raleigh, North Carolina 27601

3. In addition, at any time before the hearing, the Division of Aging may rescind the notice of negative action upon being satisfied that the reasons for such action have been corrected.
4. Except as provided for in VI. G. 4 of these Standards (page 37), upon receipt of a request for a hearing, the enforcement of a negative action will be suspended pending final agency decision.
5. The petition for a hearing shall be filed with the Office of Administrative Hearings in accordance with G.S. 150B-23 and 26 NCAC 3.0003. In accordance with G.S. 1A-1, Rule 4(j)(4), the petition shall be served on a registered agent for service of process for the Department of Health and Human Services. A list of registered agents may be obtained from the Office of Legislative and Legal Affairs.
6. Procedures for the processing of an appeal of an adverse certification action and for the final decision are specified in G.S. 150B, Article 3 and 10 NCAC 1B .0200.

APPENDIX A

CONSTRUCTION REQUIREMENTS FOR DAY CARE AND DAY HEALTH HOMES [10A NCAC 06R .0701 and 06S .0302, previously 10 NCAC 42E .1301, AND 42Z .0702]

PLEASE NOTE: BUILDING CODE RULES HAVE CHANGED. ONLY A, B, C, D, and E OF THE FOLLOWING RULES ARE APPLICABLE. CONSULT YOUR LOCAL BUILDING INSPECTOR REGARDING NEW BUILDING CODE REGULATIONS

- I. Construction must meet the residential building code requirements of the North Carolina Insurance Department, including:
 - A. Standard wood frame, brick, block or veneer construction.
 - B. One story in height. Two stories in height is allowed provided:
 - 1. Neither floor shall be greater than 1800 square feet in area.
 - 2. No aged or physically infirm persons may be housed on the second floor.
 - 3. No required participant facilities shall be located on the second floor.
 - 4. A complete fire alarm system shall be installed with pull stations on each floor.
 - 5. Interconnected products of combustion detectors directly wired to the house current shall be installed on each floor.
 - C. Attic cannot be used for storage.
 - D. Porches and stoops must be protected by handrails.
 - E. Steps must be protected by handrails.
 - F. Corridor:
 - 1. In existing buildings, a minimum width of 3 feet;
 - 2. In new buildings, a minimum width of 3 1/2 feet;
 - 3. Well lighted sufficiently enough for residents to see clearly.
 - G. Outside Entrances
 - 1. All outside doors must be 3 feet wide;
 - 2. Must be at ground level;
 - 3. All steps, porches, ramps or stoops protected by handrails.

- II. Fire Safety Requirements (10A NCAC 06R .0702, previously 10 NCAC 42E .1302)
 - A. Fire extinguishers of the type recommended by the fire inspector but no less than a 2 1/2 gallon water type, centrally located and a dry powder or CO₂ type in the kitchen.
 - B. Provide automatic single station U.L. products of combustion type smoke detectors as determined by the local fire department or local building inspector as appropriate. These units must be operated by the house current. U.L. approved heat detectors in the attic and basement.
 - C. Other U.L. approved fire detection system as required by city ordinances or county building inspectors.
 - D. A written evacuation plan, in case of fire, approved by the local fire department, must be posted and rehearsed four times each year by staff and participants.
- III. Other [10A NCAC 06R .0703 and 06S .0302, previously 10 NCAC 42E .1303, and 42Z .0702]
 - A. An approved central heating system (portable heaters of any kind are not allowed).
 - B. An approved hot water tank large enough to provide continuous hot water to kitchen and bath.
 - C. At least one toilet shall have a seat 20 inches from the floor and two handrails 30-36 inches high parallel to the floor securely fastened at each end, or safety frames.

Appendix B

DEFINITIONS OF TERMS

(10A NCAC 06R .0201, previously 10 NCAC 42E .0801, AND 42Z .0502)

1. Adaptable space: space in a facility that can be used for several purposes with little effort and without sacrificing safety and health standards; For example, an activities room that is used for crafts in the morning, used to serve lunch, and used for exercise activities in the afternoon.
2. Adult: an individual eighteen years of age or older.
3. Alzheimer's Disease: is a progressive, degenerative disease that attacks the brain and results in impaired memory, thinking and behavior. Characteristic symptoms of the disease include gradual memory loss, impaired judgement, disorientation, personality change, difficulty in learning and loss of language skills.
4. Ambulatory: a person who is fully mobile and does not need the continuing help of a person or object for support (except a walking cane).
5. Capacity: the number of participants for which a day care program is certified.
6. Caretaker: an adult who regularly provides an impaired adult with continuous supervision, assistance with preparation of meals, assistance with housework and assistance with personal grooming.
7. Certification: the process whereby an adult day care program is approved as meeting adult day care standards.
8. Certifying Agency: the Department of Health and Human Services, Division of Aging.
9. Day Care Center: a day care program operated in a structure other than a single family dwelling.
10. Day Care Home: a day care program for 2 to 6 people operated in a single family dwelling.
11. Day Health Center: a day health program operated in a structure other than a single family dwelling.
12. Day Health Home: a day health program for 2 to 5 people operated in a single family dwelling.
13. Group Process: at least three persons engaged in a common activity that can bring pleasure, satisfaction and improvement to all members.
14. Institution: a facility that is established to serve a particular purpose and is required by State law to be provided and maintained by the State and any facility defined in federal regulations as an institution. In North Carolina, the list of institutions includes but is not necessarily limited to: general hospitals, state psychiatric hospitals, state centers for the retarded, skilled nursing facilities, and intermediate care facilities.

15. Mental health disability: is a severe, lifelong, chronic condition that is due to a mental or physical impairment or a combination of mental and physical impairments.
16. Non-ambulatory: a person who is bedfast.
17. Nursing Care: skilled nursing care or intermediate care.
18. Operator: the person responsible for management of a day care home or day health home.
19. Other special needs disease or condition: refers to a diagnosis, disease or disability, such as AIDS/HIV, that benefits from monitoring or oversight in a supervised setting.
20. Participant: a person enrolled in an adult day care or adult day health program.
21. Physical Therapy Program: a series of activities prescribed by a licensed physical therapist or activities administered under the supervision of a physical therapist.
22. Program Director: the person responsible for program planning, development and implementation in a day care or day health center.
23. Related Disorders: means dementing or memory impairing conditions characterized by irreversible memory dysfunction.
24. Senior Center: a community or neighborhood facility for the organization and provision of a broad spectrum of services including health, social, nutritional and educational services and a facility for recreational and group activities for older persons. (Administration on Aging definition)
25. Semi-ambulatory: a person who needs and uses the assistance of objects such as a wheelchair, crutches, walker, or other appliance or the support of another person on a regular and continuing basis to move about.
26. Special Care Services: are services by a certified adult day care center that promotes itself as providing programming, activities or care specifically designed for persons with Alzheimer's Disease or related disorders, mental health disabilities, or other special needs diseases or conditions.
27. Supervising Agency: the county department of social services in the county in which the day care program is located. The county department is responsible for seeing that certification standards are met on an ongoing basis and for making a recommendation to the Division of Aging regarding certification.

Appendix C Program Forms

The following forms may be used by day care programs in meeting standards for certification. These forms have been designed to insure compliance with requirements for record-keeping; however, they are offered only for the convenience of day care programs and it is perfectly acceptable for a day care program to develop its own set of forms, using the standards as a guide to ensure that all required information is included.

1. Application for Enrollment
2. Medical Examination Report
3. Individual Service Plan
4. Authorization for Release of Information
5. Program Plan
6. Participant Sign-Out Sheet
7. Monthly Attendance Record
8. Incident Report
9. Medical Information for program staff

The following inspection reports referred to in Section VI of the standards must be used for the Certification package.

1. *DOA-1498* Fire Inspection Form
2. *DOA-1499* Building Inspection Form for Adult Day Care Centers
3. *DOA-1499a* Building Inspection Form for Adult Day Care Homes
4. *DENR-4054* Sanitation Evaluation Form

Application for Enrollment

Day Care For Adults

Applicant's full name: _____

Address: _____

Phone: _____ DOB: _____ Sex: ____ SSN: _____

Information About Applicant

Why are you interested in coming to this program? _____

Have you had previous experience in a Day program? ☐ Yes ☐ No

If yes, where and when? _____

Marital Status: ☐ Married ☐ Single ☐ Separated ☐ Widowed ☐ Divorced

Present Living Arrangements: ☐ With spouse ☐ With relatives ☐ With Non-Relatives
☐ Alone in House or Apartment ☐ Alone in Single Room

Living with Whom: _____ Relationship: _____

Nearest Responsible Relative: _____ Relationship: _____

If living with someone employed, employer: _____

Phone of Employer: _____ Home Phone: _____

Home Address: _____

Emergency Care Information

Please list the names of two persons who may be contacted in case of emergency:

(1) _____
Name Relationship to Applicant

Address Telephone Number

(2) _____
Name Relationship to Applicant

Address Telephone Number

Name of Physician who
will see you on request: _____ Telephone: _____

Name of Dentist who
will see you on request: _____ Telephone: _____

Services

Transportation will be provided by: ☐ Relative or Friend _____

☐ Public Transportation _____ Name

☐ Day Care Program

Monthly Schedule of Attendance:

WEEK 1	Monday	Tuesday	Wednesday	Thursday	Friday
Arrival Time:					
Departure Time:					
WEEK 2	Monday	Tuesday	Wednesday	Thursday	Friday
Arrival Time:					
Departure Time:					
WEEK 3	Monday	Tuesday	Wednesday	Thursday	Friday
Arrival Time:					
Departure Time:					
WEEK 4	Monday	Tuesday	Wednesday	Thursday	Friday
Arrival Time:					
Departure Time:					
WEEK 5	Monday	Tuesday	Wednesday	Thursday	Friday
Arrival Time:					
Departure Time:					

Special dietary needs, if any: _____

The day care program's policies have been explained to me and I have been given a copy of the policy statement. I understand that participation in this program will be paid for by:

☐ Department of Social Services ☐ Myself Rate: _____

☐ Relative Rate: _____ ☐ Other Rate: _____

If emergency medical care becomes necessary, I give permission for any treatment the physician deems necessary.

Applicant Signature: _____ Date: _____

Responsible Party Signature: _____ Date: _____

**Adult Day Care
Medical Examination Report**

Name: _____ Birthdate: _____

Address: _____

Most Recent Date Seen by Doctor: _____

The above named person has applied for enrollment in _____,
(name of program)

☐ an adult day care ☐ an adult day care/day health ☐ adult day health program.

Your careful examination and written recommendations on this form will help to ensure that the applicant is provided appropriate care and services, will encourage safe participation in adult day care activities and will provide a current medical history in case of emergency.

Information reported on this form is considered confidential and will be released only with the applicant's written authorization.

- I. Does the applicant have any of the following diseases or conditions? If so, please indicate whether or not the condition requires any special attention or restricts normal activities.

Current Disease/ Chronic Condition	Yes	Special Attention Required	Restriction on Activities
Anemia			
Arthritis			
Asthma			
Blindness			
Cerebral Palsy			
Diabetes			
Diarrhea			
Effects of Stroke, Paralysis			
Emphysema, Chronic Bronchitis			
Epilepsy			
Fainting Spells			
Gastro-Intestinal Problems			
Heart Trouble			
Hearing Problems			
High Blood Pressure			
Kidney Disease			
Mentally Challenged			
Skin Disorders			
Tuberculosis			
Ulcers			
Urinary Tract Problems			

Any other disease or condition not mentioned above: _____

Any allergies or reactions to medications: _____

Receiving any medical treatments? If so, explain: _____

- II. Does this person have any psychiatric problems? ☐ Yes ☐ No. If yes, please comment on nature, severity and treatment needs: _____

Does this person require constant supervision to make sure he/she does not do harm to self, others or property? ☐ Yes ☐ No

Will this person wonder off if not closely attended? ☐ Yes ☐ No.

- III. Do you recommend any restrictions for medical reasons on physical activities such as walking, exercises, etc.? ☐ Yes ☐ No. If yes, please specify: _____

Describe any needed physical therapy: _____

- IV. Please list all medications the person is now taking, with dosages and times medications are to be taken:

Name of Medication	Dosage	Time(s) To be Taken

- V. Any special diet? ☐ Yes ☐ No. If yes, please describe or attach a copy: _____

- VI. Any other comments: _____

I certify that I have today reviewed the health history and examined this person and find him/her physically able to participate in an adult day care activity program.

Signed: _____ Date: _____

Address: _____ City: _____

Phone: (____) _____

Service plan will be reviewed
☐ Quarterly ☐ Semi-Annually

INDIVIDUAL SERVICE PLAN

Staff Person Responsible
 for Plan: _____

Name		Date of Birth		Date of Enrollment	
Reason for Referral:		Long-Range Goals, including prospective date of termination, if applicable:		Other Agencies Providing Services to Participant:	
Medical Problems:		Limitations on Activities:		Medications: Medications kept by Participant? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Physician:					
Date	Needs	Service Goals	Activities Directed Towards Needs and Goals	Date of Review	Progress/Completion Comments

INDIVIDUAL SERVICE PLAN
(Continuation)

Name:					Page No.
Date	Needs	Service Goals	Activities Directed Towards Needs and Goals	Date of Review	Progress/Completion Comments

Authorization for Release of Information

I, _____, agree for _____
(Name of Participant) (Party from Whom Information is Requested)

to release information about myself to _____.
(Party Requesting Information)

I understand that _____ is requesting this information in
(Party Requesting Information)

order to assist me and that the information obtained will be kept confidential and shared with no
other agency or organization without my written consent.

Signed: _____
(Participant or Proxy)

Date: _____

ADULT DAY CARE PROGRAM PLAN

Time Period This Plan Covers: _____ to _____

Time	Monday	Tuesday	Wednesday	Thursday	Friday	Staff Person Responsible for Conducting Activity
	Lunch	Lunch	Lunch	Lunch	Lunch	Lunch

Participant Sign-Out Sheet

[illegible]

Monthly Attendance Record

Month _____ Year _____

[illegible]

Incident Report

Participant's Name: _____

Date of Incident: _____ Person reporting: _____

Describe Incident: _____

Any Injury? If yes, describe: _____

Any Treatment? _____ Describe: _____

Family notified? _____ Name: _____ Phone: _____

Doctor notified? _____ Name: _____ Phone: _____

DSS notified? _____ Date: _____

Action taken: _____

Participant's Statement of Incident: _____

Witnesses: _____

Report Prepared by: _____

Date: _____

Signature of Director: _____

NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF AGING

The _____ program has applied to operate, or is operating an:

☐ Adult Day Care ☐ Adult Day Care/Adult Day Health ☐ Adult Day Health Program

In order to protect both the day care/health operator and the persons who may be cared for in the program, the agency must have medical information on the program staff member whose name appears below prior to certifying or recertifying the program. He/she has given the agency permission to obtain his/her medical record report and to the release of information by his/her physician.

I, _____, agree to the release of pertinent information by my physician, _____ Date signed: _____

Name: _____ Age: _____

Address: _____

Height: _____ Weight: _____ Blood Pressure: _____ Pulse: _____

HISTORY OF ILLNESS

Tuberculosis or other Pulmonary defects <input type="checkbox"/> Yes <input type="checkbox"/> No	Fainting and dizzy spells <input type="checkbox"/> Yes <input type="checkbox"/> No
Seizures <input type="checkbox"/> Yes <input type="checkbox"/> No	Heart Trouble <input type="checkbox"/> Yes <input type="checkbox"/> No
Mental or emotional Disturbance <input type="checkbox"/> Yes <input type="checkbox"/> No	Series defects of bones and joints <input type="checkbox"/> Yes <input type="checkbox"/> No
Other chronic or communicable diseases <input type="checkbox"/> Yes <input type="checkbox"/> No	Hypertension <input type="checkbox"/> Yes <input type="checkbox"/> No

If yes, please specify: _____

Physical Examination (Circle all that were examined)

Heart Lungs Abdomen ENT Eyes
Extremities Hernia Date of examination: _____

Date of tuberculin skin test: _____ Result: ☐ Positive ☐ Negative

Date of chest X-ray (required only if TB test pos.) _____ Findings: _____

Please comment on any physical, mental or emotional condition or communicable/infectious disease apparent from your examination or knowledge of the above-named person which might affect persons attending this day care program: _____

Physician's, PA's or NP's Signature: _____ Date: _____

Address: _____ Phone: _____

ADULT DAY CARE & CHILD CARE FIRE INSPECTION REPORT

COUNTY _____ DATE OF INSPECTION _____ Provider # _____

Please complete all items below. If not applicable, check N/A in the box with a written explanation attached.

Name of Center or Home _____ Adult ____ Child ____

Address _____ Phone _____

City _____ Zip _____ Responsible Party _____

GENERAL PRECAUTIONS:**YES NO N/A**

1. Attic/basement/closets/garage/furnace room & heaters clear of trash & combustible materials.			
2. Clearance from ignition sources & combustible materials maintained.			

EMERGENCY PLANNING:**YES NO N/A**

3. Approved evacuation plan posted.			
4. Evidence of monthly fire drills posted.			
5. Record of employee training in fire prevention/evacuation & annual fire safety training on site.			

FIRE SERVICE FEATURES:**YES NO N/A**

6. Street Number posted. (Contrasting color to building & height 4" or more.)			
7. Unobstructed fire apparatus road. (Width of 20' & vertical clearance of not less than 13'6").			
8. Hydrants/Fire Department connections/control valves clear of obstructions by 3'.			

BUILDING SERVICES AND SYSTEMS:**YES NO N/A**

9. Approved heating system, listed. (No fuel burning space heaters or portable electric space heaters)			
10. Emergency lighting/exit lights in good operating order.			
11. Electrical panels clear of storage. (Minimum 30")			
12. Wiring/fixtures in good condition. (Extension cords not suitable for permanent wiring.)			
13. Type I hood system over all domestic cooking appliances that produce grease laden vapors.			

FIRE RESISTANCE RATED CONSTRUCTION:**YES NO N/A**

14. Required fire resistant rating maintained. (Walls, partitions, floors)			
15. Door-hold open devices/automatic door closures operating properly.			

INTERIOR DECORATIONS & FURNISHINGS:**YES NO N/A**

16. No storage of clothing/personal effects in corridors & lobbies.			
17. Maximum 10% of decorative materials covering walls. Does not apply to artwork & teaching material in classroom. Nothing suspended from ceiling			
18. 20% maximum coverage for artwork & teaching material located on corridor walls.			
19. Exits free of obstructions.			

FIRE PROTECTION:**YES NO N/A**

20. Sprinkler system maintained with annual test reports provided.			
21. Smoke detector/fire alarm system maintained with annual test reports provided.			
22. Approved extinguishers mounted properly & in good working order.			
23. Cooking suppression systems & hood exhaust properly maintained.			
24. Protective guards(such as screens) on fuel burning furnaces or fireplaces provided.			

MEANS OF EGRESS:**YES NO N/A**

25. All exits & their access (i.e. Aisles & Corridors) free of obstructions.			
26. All locking devices on exit doors are of an approved type.			
27. Yards & fencing to allow unobstructed exit to exterior of site.			

At the time of this inspection, the fire safety conditions in this facility were found to be:

_____satisfactory _____unsatisfactory

Inspector _____ **Phone** _____

Prepare form in triplicate—one copy retained by local fire authority, one copy to facility director, and one copy to the County Department of Social Services.

BUILDING INSPECTION FORM FOR ADULT DAY CARE CENTERS

Name of Operation: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

BUILDING INSPECTORS CERTIFICATE

1. The areas in the building that are designated as the certified space are required by the certifying agency to meet the Building Code in effect when application for certification is submitted to the regulating agency. Does the building listed above, to the extent observable, meet the current North Carolina Building Code? Yes _____ No _____
2. If no, list question numbers which do not comply, explain the violation and whether equivalent protection for the safety of the adults is provided:
 - 1) _____
 - 2) _____
 - 3) _____
 - 4) _____
3. Are any of the above violations of a life safety concern? Yes _____ No _____
If yes, please list question numbers _____
4. Number of rooms approved for occupancy by participants? _____
(Attach sketch of building with rooms identified)
5. Specify any local zoning restriction: _____

Signature of Inspector: _____ /Date: _____

Jurisdiction: _____ /Phone: _____

The Building Inspection Form is required to be completed in its entirety before the Division of Aging can consider the document complete. All questions must be answered; any **NO** answers must have written explanation.

This form was developed through the cooperation of the Division of Aging and the Engineering Division of the Department of Insurance. Please note that the inspection forms do not cover all areas of the Code, but are intended to be used as a guide for the local inspector. If additional Code items which are not addressed on these forms are found to be in violation of the Code, please document them on the back of this form.

Prepare in triplicate: Original to Division of Aging, 1 copy retained by inspector, 1 copy retained by facility director and 1 copy by the County Department of Social Services.

ADULT DAY CARE BUILDING INSPECTION FORMAnswer the following questions for **Institutional type** occupancies**SECTION A**

LIGHT AND VENTILATION	YES	NO	N/A
1. Is the total area of all windows in the adult day care rooms equal to or greater than 8% of the floor area or is artificial light provided?			
2. a. Is one-half of the window area openable? (if NO , verify proper mechanical ventilation is provided.)			
b. Is space mechanically ventilated as required by ASHRAE 62? (N/A if existing building.)			
FIRE	YES	NO	
3. Does this building have a manually operated fire alarm system (electrically installed system with pull box stations)?			
EXITS	YES	NO	
4. Are there at least 2 exits (doors, stairs, smoke proof towers, ramps or horizontal exits) remote from each other on each floor or fire section of the building?			
5. Is the exit capacity adequate?			
6. Are all means of egress adequately illuminated at all times that the building is occupied?			
7. Are the means of egress identified by readily visible exit signs when the exit or way to reach it is not immediately obvious to the occupants?			
8. Is emergency power provided for centers with more than 300 occupants or for centers providing night care as required by the Building Code?			
CORRIDORS AND ACCESS TO EXITS	YES	NO	N/A
9. Are all means of egress unobstructed without passing through a closet, storage area, kitchen, restroom, or other hazardous space?			
10. Are all exit corridors a minimum 1-hour fire resistance? (If yes, go to Question 12) (N/A applies only if there are no corridors)			
11. a. Do all corridors, ramps and passageways have a minimum 6 feet clear width in all areas serving as means of egress for capacity of 100 or more?			
b. Are all corridors, ramps and passageways not less than 44" clear width in all areas serving as means of egress for capacity of less than 100?			
12. Are all dead-end corridors no more than 20 feet in length? (N/A applies only if no dead-end occurs)			
13. Do all doors have a minimum clear opening width of 32" (min. door width of 36") in the following locations:			
a. between occupied rooms and required exits?			
b. exit doors leading to the exterior?			
14. Are all doors in the line of exit travel a swinging door (side hinged)?			
15. Do doors to rooms that accommodate more than 50 people swing in the direction of travel? (N/A if room accommodates less than 50 people)			

Section A (Continued)

	YES	NO	N/A
16. a. Do all required egress and exit doors have single motion, self-locking type lever, push pad, or panic hardware?			
b. If room accommodates 100 or more people, do all required egress and exit doors have push pads or panic hardware?			
STAIRS (NOTE: If no stairs, interior or exterior, check N/A)	YES	NO	N/A
17. a. Are all stairs serving 50 or more occupants at least 44" in width?			
b. Are all stairs serving less than 50 occupants at least 36" in width?			
18. Are all stairs with four or more steps provided with proper handrails and guardrails?			
19. Are all interior stairs enclosed with 1-hour rated walls and 1-hour rated "B" labeled doors that are at least 36" wide?			
20. Are the stair enclosure doors self-closing?			
WALLS AND CEILINGS	YES	NO	
21. a. Are all wall and ceiling coverings throughout building non-combustible? (Use of untreated combustible fiber boards, wood, and other combustible fiber boards, wood or finishes is prohibited.)			
b. Do interior wall and ceiling finish materials meet the flame spread ratings as required by the Minimum Interior Finish Classification Table, NCBC?			
22. Do ceilings in habitable rooms have a minimum of 7'-6" clear height?			
HEATING SYSTEMS/MECHANICAL	YES	NO	N/A
23. Is the building free of unvented fuel burning or portable electric space heaters?			
24. Have air conditioning, ventilation, heating, cooking, and other service equipment been inspected and approved by the appropriate inspectors? Date inspected: _____			
25. a. Is combustion and ventilation air for boiler or heater rooms taken directly from and discharged to the outside of the building? (N/A if electric heat is installed.)			
b. If inside air is used for fuel-burning appliance, does it meet the requirements of Chapter 7 of the North Carolina Mechanical Code? (N/A if inside air is not used.)			
PLUMBING	YES	NO	
26. Does the number of water closets and lavatories comply with the Plumbing Code as determined by the appropriate inspector? Maximum number of persons allowed by plumbing facilities: _____ Date Inspected: _____			
ELECTRICAL	YES	NO	
27. Do the visible and accessible portions of the electrical system comply with applicable sections of the Electronic Code as determined by the appropriate inspector? Date inspected: _____			

Section A (Continued)

MIXED AND MULTI-USE OCCUPANCIES	YES	NO	N/A
28. Are all adult day care areas separated from adjacent occupancies in accordance with the requirement of mixed occupancies and the Occupancy Separation Requirements Table? (N/A if no mixed occupancies.)			
29. Do all multi-use areas comply with the most restrictive applicable sections of the State Building Code for each intended use? (N/A if no multi-use areas: defined as an areas which will be used for different fuctions at different times and not concurrently.)			
ACCESSIBILITY CODES	YES	NO	
30. Does this building comply with applicable State Building Codes for access/use by persons with disabilities?			

SECTION B

	YES	NO
31. Does the building comply with the Allowable Heights and Building Areas Table for Educational Occupancy (If NO , go to Section C.)		
32. a. Are all rooms approved for use by adult day care participants on the level of exit discharge? (If NO , go to Section C.)		
b. Are rooms used by adult day care participants no more than one story above the level of exit discharge?		
33. a. Do rooms used by adult day care participants have a direct exit to the outside?		
b. Do rooms used by adult day care participants qualify as alcoves to adjacent spaces with direct exit to the outside?		
34. Are smoke detectors provided in the corridors in accordance with Automatic Fire Detection and NFPA72 for adult day care use?		

SECTION C

	YES	NO
35. Does the building comply with the Allowable Heights and Building Areas Table for Institutional Occupancy		
36. Are smoke detectors provided in the corridors in accordance with Automatic Fire Detection and NFPA72?		
37. Does the building provide protection from hazardous areas as required by Special Institutional Occupancies, Group I Unrestrained Occupancies, Protection from Hazardous Areas?		
38. Does the building have an approved automatic sprinkler system in accordance with Institutional Occupancies Group I-4?		
39. Does the most remote point in every room occupied by adult participants, including the dining room, not exceed the maximum distance outlined in the Exit Access Travel Distance Table in NCBC?		

BUILDING INSPECTION FORM FOR ADULT DAY CARE HOMES

Name of Operation: _____

Address: _____

City: _____ State: _____ Zip: _____

BUILDING INSPECTORS CERTIFICATE

1. Buildings are required by the certifying agency to meet the Building Code in effect when an application for certification is submitted to the regulating agency. Does the building listed above, to the extent observable, meet the current North Carolina Building Code? Yes _____ No _____
2. If no, list question numbers which do not comply, explain the violation and whether equivalent protection for the safety of the adults is provided:
 - 1) _____
 - 2) _____
 - 3) _____
 - 4) _____
3. Are any of the above violations of a life safety concern? Yes _____ No _____
If yes, please list question numbers _____
4. **For recertification only:** In your opinion based on the violations listed above, do you recommend that the Division of Aging issue a provisional certification to allow time for correction of the violations?
Yes _____ No _____
5. Number of rooms approved for occupancy by adult day care participants: _____
(Attach sketch of building with rooms identified)
6. Specify any local zoning restriction: _____

Signature of Inspector: _____/Date: _____

Jurisdiction: _____/Phone: _____

The Building Inspection Form is required to be completed in its entirety before the Division of Aging can consider the document complete. All questions must be answered; any **NO** answers must have written explanation.

This form was developed through the cooperation of the Division of Aging and the Engineering Division of the Department of Insurance. Please note that the inspection forms do not cover all areas of the Code, but are intended to be used as a guide for the local inspector. If additional Code items which are not addressed on these forms are found to be in violation of the Code, please document them on the back of this form.

Prepare in triplicate: Original to Division of Aging, 1 copy retained by inspector, 1 copy retained by facility director and 1 copy by the County Department of Social Services.

ADULT DAY HOME BUILDING INSPECTION FORM

	YES	NO	N/A
1. Does the building meet the intent of the North Carolina Building Code??			
2. If an addition has been built for this use, does it meet the North Carolina Building Code? (N/A if no new addition.)			
3. Do interior wall and ceiling finish materials meet the flame-spread ratings as required by the Minimum Interior Finish Classification Table, NCBC?			
4. a. Does each room used for adult day care purposes have, on that level, access to two remotely located outside doors? (If answer is YES, skip to Question 5, if 4a is NO, answer 4b.)			
b. Is an exterior door located in each room used for adult day care purposes? (If answer is YES, skip to Question 6.)			
5. Are all rooms located so as not to have a dead-end distance in excess of 20 feet?			
6. Is the exit door located no more than 48" above grade? (If answer is NO, is ramp or pathway to grade provided?)			
7. Do all locks on doors require no more than one operation to release the door?			
8. Does the building have a manually operated fire alarm system (electrically installed system with pull box stations?) [This is a Division of Aging requirement.]			
9. Are all unoccupied spaces, such as basements, laundry rooms, and fossil fuel fired furnace rooms provided with approved labeled automatic smoke and/or heat detectors?			
10. Is the total area of all windows in the adult day care rooms equal to or greater than 8% of the floor area or is artificial light provided?			
11. Is one-half of the window area openable, or is the space mechanically ventilated with a minimum of 5 air changes of fresh air per hour?			
12. Are all fuel burning space heaters (nonportable and vented), fireplaces and floor furnaces, which are listed and approved, provided with a protective screen attached securely to a substantial support in such a way that adult day care participants will not be burned?			
HEATING SYSTEMS/MECHANICAL	YES	NO	N/A
13. Is the building free of unvented fuel burning or portable space heaters?			
14. Have air conditioning, ventilation, heating, cooking, and other service equipment been inspected and approved by the appropriate inspectors?			
15. Is combustion and ventilation air for boiler or heater rooms taken directly from and discharged to the outside of the building? (N/A if electric heat is installed.)			
PLUMBING	YES	NO	N/A
16. Do the visible and accessible portions of the plumbing system comply with applicable sections of the Plumbing Code as determined by the appropriate inspector?			
ELECTRICAL	YES	NO	N/A
17. Do the visible and accessible portions of the electrical system comply with applicable sections of the Electrical Code as determined by the appropriate inspector?			
ACCESSIBILITY CODES			
18. Does this building comply with applicable State Building Codes for access/use by persons with disabilities?			

**NORTH CAROLINA DEPARTMENT OF ENVIRONMENT AND NATURAL
RESOURCES**

**DIVISION OF ENVIRONMENTAL HEALTH
INSPECTION OF ADULT DAY SERVICES FACILITY FORM**

This form can be downloaded from the following web page:

<http://www.deh.enr.state.nc.us/ehs/forms/denr4054.pdf>

APPENDIX D

SPECIAL CARE SERVICES

Federal or State Statutory Requirement: G.S. 131 D-6 (b1): An adult day care program that provides or that advertises, markets, or otherwise promotes itself as providing special care services for persons with Alzheimer's disease or other dementias, a mental health disability, or other special needs disease or condition shall provide the following written disclosures to the Department and to persons seeking adult day care program special care services:

1. A statement of the overall philosophy and mission of the adult day care program and how it reflects the special needs of participants with dementia.
2. The process and criteria for providing or discontinuing special care services.
3. The process used for assessment and establishment of the plan of care and its implementation, including how the plan of care is responsive to changes in the participant's condition.
4. Staffing ratios and how they meet the participant's need for increased special care and supervision.
5. Staff training that is dementia-specific.
6. Physical environment and design features that specifically address the needs of participants with Alzheimer's disease or other dementias.
7. Frequency and type of participant activities provided.
8. Involvement of families in special care and availability of family support programs.
9. Additional costs and fees to the participant for special care.

As part of its certification renewal procedures and inspections, the Department shall examine for accuracy the written disclosure of each adult day care program subject to this section. Substantial changes to written disclosures shall be reported to the Department at the time the change is made.

Nothing in this section shall be construed as prohibiting an adult day care program that does not advertise, market, or otherwise promote itself as providing special care services for persons with Alzheimer's disease or other dementias, from providing adult day care services to persons with Alzheimer's disease or other dementias, a mental health disability, or other special needs disease or condition.

As used in this section, the term 'special care service' means a program, service, or activity designed especially for participants with Alzheimer's disease or other dementias, or a mental health disability, or other special needs disease or condition as determined by the Medical Care Commission.

**SPECIAL CARE FOR PERSONS WITH ALZHEIMER'S DISEASE
OR OTHER DEMENTIA**

10A 06R .0900 and 06S .0600 (previously 10 NCAC 42E .1500 and 10 NCAC 42Z .1000)

- A. Special Care Disclosures (10A NCAC 06R .0901, previously 10 NCAC 42E .1501): The rules of this Section are established to govern the disclosure requirements for adult day care programs that provide or promote themselves as providing special care services for persons with Alzheimer's or other dementias, mental health disabilities, or other special needs diseases or conditions. Only those programs that meet these requirements may advertise or represent themselves as providing special care services as defined in Rule .0201 of NCAC 06R (previously Rule .0801, of NCAC 42E.)
- B. Policies and Procedures (10A NCAC 06R .0902 and 06S .0601, previously 10 NCAC 42E .1502 and 42Z .1001): The program shall assure that written special care services policies and procedures are established, implemented by staff and available for review on site. In addition to all applicable policies and procedures set forth in 10 NCAC 06R and 06S (previously 10 NCAC 42E and 42Z), there shall be policies and procedures that address:
1. The philosophy of the special care service which includes a statement of mission and objectives regarding the specific population to be served by the center which shall address, but not be limited to, the following:
 - a. a safe, secure, familiar and consistent environment that promotes the use of skills for daily living;
 - b. a structured program of daily activities that allows for flexibility to respond to the needs, abilities, and preferences of participants;
 - c. individualized service plans that stress the maintenance of participant's abilities and promote the highest possible level of physical and mental functioning; and
 - d. methods of behavior management which preserve dignity through design of the physical environment, physical exercise, social activity, appropriate medication administration, proper nutrition and health maintenance.
 2. The process and criteria for enrollment in and discharge from the service.
 3. A description of the special care services offered by the program.
 4. Participant assessment and service planning, including opportunity for family involvement in the service planning and the implementation of the service plan, including responding to changes in the participant's condition.
 5. Safety measures addressing specific dangers such as wandering, ingestion, falls, smoking, and aggressive behavior.
 6. Lost or missing participants.
 7. Staff to participant ratios in the special care service to meet the needs of participants.
 8. Amount and content areas of staff training both at orientation and annually based on the special care needs of the participants.
 9. Physical environment and design features that address the needs of the participants. These features can encompass an entire center if the center promotes itself as providing special care or any section separated by closed doors from the rest of the center and advertised especially for special care of participants.

- a. Center or section exit doors may be locked only if the locking devices meet the requirements outlined in the N.C. State Building Code for special locking devices;
 - b. Where exit doors are not locked, a system of security monitoring shall be provided.
10. Activities based on personal preferences and needs of the participants that focus on the individual's interests and abilities.
 11. Opportunity for involvement of families in participant care, if applicable.
 12. The availability of or information on family support groups and other community services.
 13. Additional costs and fees for the special services provided.
- C. Enrollment-Special Care Services (10A NCAC 06R .0904 and 06S .0603, previously 10 NCAC 42E .0504 and 42Z .1003): In addition to meeting the enrollment policies and procedures requirements set forth in the in 10 NCAC 06R and 06S (previously 10 NCAC 42E and 42Z), an adult day care program shall assure the following requirements are met for participants who are enrolled for special care services:
1. Disclosure information shall be provided to an individual or the responsible party of an individual seeking enrollment in a center or home providing special care services. The disclosure information shall be written and address policies and procedures listed in rule .0902 (previously .1502) of this Subchapter.
 2. The participant's medical examination report shall specify a diagnosis, disability or condition consistent with the special care service offered by the program.
 3. Any individual with a developmental disability being considered for adult day services programming enrollment or discharge must proceed through the Developmental Disabilities Single Portal of Entry and Exit process pursuant to G.S. 122C-132.1 and 10A NCAC 29A .0200 (previously 10 NCAC 16A .0400.)
 4. A participant transferring from standard day care services to special care services must meet the criteria for that special care service. Family or responsible persons shall agree to the transfer decision.
- D. Individual Service Plans – Special Care Services (10A NCAC 06R .0905 and 06S .0604, previously 10 NCAC 42E .1505 and 42Z .1004): In addition to meeting individual service plan requirements set forth in in 10 NCAC 06R and 06S (previously 10 NCAC 42E and 42Z), an adult day care program providing special care services shall assure that the individual service plan is based on the participant's needs, interests and level of abilities. It shall specify programming that involves environmental, social and health care strategies to help the participant attain or maintain the maximum level of functioning possible and compensate for lost abilities.
- E. Program Plan – Special Care Services (10A NCAC 06R .0906 and 06S .0605, previously 10 NCAC 42E .1506 and 42Z .1005): In addition to meeting program plan requirements set forth in in 10 NCAC 06R and 06S (previously 10 NCAC 42E and 42Z), an adult day care program providing special care services shall assure that the program plan provides for a balance of activities that promote an optimum level of functioning in all activity areas, including personal care activities.
- F. Staff Orientation and Training – Special Care Services (10A NCAC 06R .0907 and 06S .0606, previously 10 NCAC 42E .1507 and 42Z .1006): An adult day care program providing

special care services shall assure that special care services staff receive at least the following orientation and training:

1. Prior to assuming responsibility for a special care service, the program director shall document receipt of training specific to the population(s) to be served.
 2. The program director shall have in place a written plan for training staff that identifies content, sources, evaluations and schedules of training. The plan shall be reviewed and updated annually.
 3. The program director shall assure that within a month of employment, each staff person assigned to special care services shall demonstrate knowledge of the needs, interests and levels of abilities of the participants. This shall be documented in the center's files.
 4. Within six months of employment, each staff person assigned to special care service shall complete three training experiences. The training shall include, but not be limited to, population specific techniques for communication, behaviors and activities of daily living.
 5. Each staff person working directly with participants in special care service shall complete a minimum of two population specific educational experiences annually.
 6. All training experiences of each staff person shall be documented in the center's files.
- G. The Facility – Special Care Services (10A NCAC 06R .0903 and 06S .0602, previously 10 NCAC 42E .1503 and 42Z .1002): In addition to meeting general requirements for facility grounds set forth in the 10 NCAC 06R and 06S (previously 10 NCAC 42E and 42Z), an adult day program providing special care services shall assure that participants receiving this service have access to an outside area. This area shall be secured or supervised when participants have a physical or cognitive impairment and their safety and well-being would otherwise be compromised.
- H. Requirements for Special Care Services Unit (10A NCAC 06R .0908 and 06S .0607, previously 10 NCAC 42E .1508 and 42Z .1007): In addition to meeting all other special care services requirements, an adult day care program with a special care services unit shall assure the following:
1. An area designated as a special care services unit located within a center that also serves other participants, shall have the unit providing special care separated by closed doors and located so that other participants, visitors or staff do not have to pass through the section to reach other areas of the building.
 2. A special care services unit separated by closed doors from the rest of the adult day center shall meet equipment and furnishing requirements as set forth in 10 NCAC 06R and 06S (previously 10 NCAC 42E and 42Z).
 3. At least one toilet shall be located in the unit.
 4. An area designated as a special care services unit shall provide space on the unit for each participant as set forth in the 10 NCAC 06R and 06S (previously 10 NCAC 42E and 42Z).
 5. An area designated as a special care services unit within an adult day center shall meet existing adult day care staffing ratio requirements as set forth in the 10 NCAC 06R and 06S (previously 10 NCAC 42E and 42Z).